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St. Bartholomew's Hospital Journal,

MARCH 14th, 1896.

"Æquam memento rebus in arduis
Servare mentem."—*Horace,* Book ii, Ode iii.

Address to the Abernethian Society, October 10th, 1895.

By W. S. CHURCH, M.D.

I ESTEEM it a particular honour that I should have been invited to address you to-night, for the occasion differs from the ordinary sessional openings of the Society, as with this meeting commences the second century of the active life of the Abernethian Society. Founded one hundred years ago by John Abernethy, whose name and memory is thus worthily perpetuated in our School, the Society like all other similar institutions has had its fat and lean years, its periods of decadence and threatened extinction, as well as its times of prosperity and growth; like the British oak which only attains to its greatest vigour during the second century of its existence, I think we may confidently say that the Abernethian Society has tested the nature of the soil on which it grows, and that its future will surpass in vigour and usefulness its past. Let me also take this opportunity of congratulating the officers of the Society on the success which marked the closing year of its first century. It was a remarkable and happy incident that we had the pleasure last year of listening to the opening address of Sir James Paget, who had filled the office of President of the Society just fifty years previously, and I would that I could worthily succeed him to-night, but that is, I fear, beyond my powers, and I must beg of you to treat me with forbearance.

Nothing in my opinion is calculated to do more good in a great medical school than the existence of a Society such as ours; by its means the students are brought together, and also brought into friendly relationship with their teachers. At its meetings the medical work of the hospital is reviewed, and the practice of your seniors receives the healthy criticism of younger and perhaps more inquiring minds. Not the least among the many benefits which Mr. Abernethy conferred on this school was the formation of this Society. Our school in its present shape may be said to have been founded by him; although lectures had been given on anatomy by Nourse, on surgery by Pott, and on medicine by Pitcairn, it was due to John Abernethy that our school was really equipped for teaching. His influence with the governing body was so great that he not only persuaded them to establish the principal lectureships which go on to this day, but also in 1791 to build a theatre for the use of the lecturers; and so rapid was the progress of our school that thirty years later it was necessary to erect another and larger building. Abernethy's spirit remained with us, and under the guidance of Lawrence, Stanley, Burrows, Bailey, and Kirkes the reputation of our school continued to increase, and it became necessary fifteen years ago to remodel and increase our buildings in order to afford accommodation for our large and prosperous school.

The condition of medical education in the seventeenth and eighteenth centuries was so entirely different from that of the present day that it is difficult for us to realise the change. No facilities were afforded for the study of anatomy; it was not until 1734 that permission was given by the governing body of the hospital for "lectures on anatomy to be read in the dissecting room," though anatomical instruction of some sort must have been given here a few years earlier, for in 1726 a room "under the cutting ward was set apart as a repository for anatomical preparations, and the key was to be entrusted to Mr. Freke, or, on his declining it, to the junior assistant surgeon." Excepting at the universities, the only medical education and training which could be obtained was by apprenticeship, and the opportunities of the apprentice depended on the knowledge and position of his master alone. Apprenticeship was in its way a very good thing, but the apprentice could only be initiated in the mysteries his master practised, and although in many instances they no doubt received a fair amount of instruction, it was not a method calculated to spread the knowledge of the latest acquirements in the science and art of medicine.

A vivid, though probably a highly coloured picture of the life and position of the apprentice, and of the examination as conducted at Surgeons' Hall in those days has been left us by Smollett in *Roderick Random*, from which it appears that rejections were common then as now, and depended, as some may think they still do, as much on the idiosyncrasies of the examiner as on the want of knowledge among the examinees. It could not be expected that whilst medical education was in such a condition the profession should have the respect of the public. The learned university doctors occupied their proper station in virtue of their learning and university degree, but the rank and file of the profession had not risen from the low position the barber-surgeons had held in the preceding centuries. All this is now

happily changed, and medicine in all its branches occupies as honourable a position as any of the other liberal professions.

In the rise and progress of medicine in this country our great hospital and its staff have played no inconsiderable share. Whilst we can look backwards with justifiable pride upon the achievements and position of our predecessors, we must be ever mindful that a great responsibility rests on us, students and teachers alike, to keep bright the reputation of this ancient institution, and to make the best possible use of the advantages afforded us here for the advancement of medicine and the relief of sickness and suffering in the world.

Even during what are truly enough called the Dark Ages, before the re-foundation of our hospital, good work had been carried on here. The earliest medical treatise issuing directly from our hospital is Mirfeld's *Breviarium Bartholomæi*, from which we can gather somewhat of the modes of treatment then made use of. Subsequently to the re-foundation we have Thomas Vicary's *Treasure for Englishmen*, which was followed by the works of William Clowes, who was equally famous both as a military and civil surgeon, and in the succeeding century the reputation of our surgeons was kept up by John Woodall and his useful handbook the *Surgeon's Mate*. Of these worthies Vicary was the most noticeable; he held the post of sergeant-surgeon to four successive sovereigns, in itself a notable incident—Henry VIII, Edward VI, Mary, and Elizabeth. His book entitled *A Breefe Treatise of the Anatomie of Man's Body* was published in 1548, and is the first anatomical treatise written in English; it is almost entirely taken from Galen, the lanthorn of all chirurgions, as Vicary calls him. The anatomical descriptions are very brief and incomplete, but it is extremely interesting as giving an account of what were the supposed functions of all the parts and organs of the body at the time the book was written. In the second edition in 1577, edited by Wm. Clowes, William Beaton, Richard Storie and Edward Baly, the surgeons to the hospital at the time, Vicary is called the Chiefe Chirurgion to St. Bartholomew's Hospital, which I think makes it pretty certain that he practised surgery in the hospital; but he occupied a different position to the other surgeons, and a far higher one, more nearly approaching to the position of the master before the days of the refoundation. Vicary was appointed by the Common Council on September 29th, 1548, the very year in which he published his book, a governor of the hospital. There are no entries in the accounts of the hospital of his receiving any salary or fees as a surgeon, but in the journals we find that many details of the general management of the hospital were left to be settled "according to the dyscretion of Mr. Vicary."

Of all the great men connected with our hospital, one stands out pre-eminently, towering above his contemporaries, predecessors, and successors—William Harvey—who for thirty-four years was physician to our hospital. We know little of Harvey as the physician, for none of his notes or papers on clinical medicine and pathology have been preserved. We learn from his own statements that he had collected materials for, if not actually composed treatises—*De usu lienis, De motu locali; Tractatum physiologicum de Amore, libidine et Coitû Animalium; Medical Observations, Disquisitions on the Causes, uses, and organs of Respiration; Medical Anatomy, or Anatomy in its application to Medicine*, besides the works that have come down to us. The loss of his *Medical Observations and Pathology*, if ever completed, is to be very greatly regretted, for in his second disquisition to Riolanus he thus speaks of the bearing of the circulation on disease. "Any impediment or perversion or excessive excitement of the circulation is followed by a host of dangerous diseases and remarkable symptoms: in connection with the veins—varices, abscesses, pains, hæmorrhoids, hæmorrhages: in connection with the arteries—enlargements, phlegmons, severe and lancinating pains, aneurysms, sarcoses, fluxions, sudden attacks of suffocation, asthmas, stupors, apoplexies, and innumerable other affections. But this is not the place to enter on the consideration of them; neither may I say under what circumstances and how speedily some of these diseases, that are even reported incurable, are remedied and dispelled as if by enchantment. I shall have much to put forth in my *Medical Observations and Pathology* which, so far as I know, has as yet been observed by no one." From this passage it appears that his *Observations* would have embraced the whole field of medical pathology, and would probably have anticipated the advances made during the next hundred years, for about that time elapsed before Morgagni published his great work—*De Causis et Sedibus Morborum*. From another passage we learn that he intended "from many dissections of the bodies of persons worn out by serious and strange affections, to relate how and in what way the internal organs were changed in their situation, size, structure, figure, consistency, and other sensible qualities, from their natural forms and appearances . . . . for the inspection of diseased and cachectic subjects powerfully assists philosophical pathology." We know not how far Harvey carried out these intentions, or what became of his MS. materials. I fear it is too late to expect that they may yet be discovered, and it is probable that the bulk of them perished in the Fire of London when the College of Physicians was destroyed. It is from his *Prælectiones Anatomiæ Universalis* that we can gather the best idea of Harvey during the time that he was physician here. In these rough notes for his lectures in which he demonstrated his discovery of the circulation to his College, we see something of his practice as a physician, of his methods of study, and of his abundant learning.

References to his medical practice are not infrequent, and some of them, he tells us, referred to cases treated within our hospital. Dr. Moore thinks that he can identify ten of the twelve forms of liver mentioned by Harvey with well-known and comparatively distinct forms of hepatic disease, and most of the observations in which this nosology of the liver was founded must have been made in the wards here, although he mentions certain persons,—Sir William Rigden, Mr. Peachy, Mr. Beaton by name,—who were among his private patients.

Harvey seems to have had considerable practice in gynæcological cases. In his treatise on parturition he endorses, if he did not originate, the maxim that meddlesome midwifery is bad, saying, "Midwives are much to blame, especially the younger and more meddlesome ones who make a marvellous pother when they hear the woman cry out, and daubing their hands with oil and distending the passages, so as not to appear ignorant of their art . . . make the wretched woman run great risks of her life." He tells us also of cases in which he dilated the os uteri and washed out the cavity of the uterus. In the 19th exercise of the *De Generatione Animalium* he describes how he removed an enormous sarcocele of which no one durst attempt the cure, and left the testicle and vas deferens uninjured. These and many other interesting references to his practice you will find incidentally occurring in his works.

In these days of multiplied examinations, not only in medicine and surgery but in numerous other branches of science, in which the student has to be acquainted with the last new view, it is impossible for you to find time to read, though you might still read with profit, the works of Harvey, and it may interest you if I very briefly and superficially describe the condition of medicine and physiology before his time, for just as we date the commencement of medicine from Hippocrates and biology from Aristotle, so physiology dates from Harvey. Physiology, even the most rudimentary, must of course be dependent on anatomical knowledge, and therefore to a certain extent the two have always been connected; but no reasonable idea of physiology existed until the circulation of the blood was known—***Αἷμα, το ζωτικὸν τοὺ ἄνθρωπου.*** Blood is the living principle of man, said Sindas, and until its circulation was known, no scheme of physiology was possible.

It would weary you if I attempted to trace the development of medicine from its earlier ages to the time of Harvey, and those of you who like will find much information given in Sir William Broadbent's recent address to the British Medical Association.

Although the history of medicine commences with Hippocrates, the first rudiments of the healing art must have begun countless ages before his time, for surgery of a rude and ready kind must date from the earliest times of intertribal war; indeed, it seems probable that surgical operations of considerable magnitude, such as trephining the skull, were practised among some of the prehistoric races before the use of metals was known. It is certain from the whole tone of Hippocrates' writings that in his time, four centuries and more before our era, medicine filled an honourable place and important position in ancient Greece. The oath drawn up by Hippocrates, which appears to have been a sort of indenture entered into between master and pupil or apprentice, is too long to read to you *in extenso*, but is composed in noble language, and breathes the spirit of honour and charity. "I swear by Apollo the physician, and Æsculapius and Health and Heal-All, that I will keep this oath—to reckon him who taught me this Art equally dear to me as my parents, to share my substance with him and relieve his necessities if required. . . . I will not divulge whatever I see or hear in connection with my professional practice which ought not to be spoken of abroad," &c.

Medicine in Greece was to a great extent an hereditary profession, and consequently confined to a few families who claimed descent from Æsculapius, and were known as the family of the Asclepiads. It was a tradition among the Greeks that the members of these families were taught dissections (on animals, not on man) as regularly as they were taught to read and write. Aristotle was a member of one of these families, his father, Nicomachus, being physician to the king of Macedonia, and he probably received this training, which led him afterwards to the study of zoology and comparative anatomy. Universal as was Aristotle's learning, no portion of his works are more

wonderful than his researches into comparative anatomy and embryology, and little if anything was added to the information he collected and handed down in all the years which elapsed between his day and Harvey.

Galen, embodying the increased knowledge of human anatomy due to the Schools of Erasistratus and Herophilus at Alexandria, and adding his own observations on the structure of the lower animals, raised anatomy to the highest level which it attained among the ancients. His philosophical mind also led him to endeavour to reconcile the different sects of medicine which had arisen since the days of Hippocrates. Like Hippocrates he was an humourist, but he superadded to the theory of humours that of the temperaments hot, cold, dry, wet; from the faulty properties of these arose distempers which, though not actual diseases themselves, were the causes of them. After the death of Galen, anatomy began to decline, as did other learning during the decadence of the Roman Empire. Instead of studying and observing nature for themselves, physicians and surgeons were content with studying Galen, and the whole or nearly the whole of the medicine of the Arabians was obtained secondhand from older Greek writers. In Western Europe, during the long period that elapsed between the downfall of the Roman Empire and the revival of learning in Italy, the only place in which medical and other learning was carried on was Salernum, where Charlemagne founded a college or university in A.D. 802, and where the Arabian writers were studied and translated into Latin. Almost if not the sole original work emanating from Salernum are the rules of regimen and diet called "Schola Salernitam de conservanda valetudine," which it is said was compiled for the use and benefit of Duke Robert of Normandy, son of William the Conqueror.

After the Conquest of Constantinople by the Turks in the fifteenth century, Greek learning was again carried to Italy by those who fled westward, and about the same time the study of anatomy began to revive in Italy.

To Linacre, the founder of the Royal College of Physicians, the friend of Erasmus, and his contemporaries Grocius and Colet, we are indebted for the revival, at the end of the fifteenth and commencement of the sixteenth centuries, of the knowledge of Greek in England. Linacre, moreover, translated into Latin several of the most valuable of Galen's treatises—*De sanitata tuenda, De morbis curandis, De temperamenti De Pulsnum usú*, and others, thus rendering them available to the physicians of the day. Linacre's translations, and the rapid progress made in the reintroduction of Greek in our universities, led to Galen's writings obtaining an overwhelming influence over the minds of the physicians of the sixteenth and early portion of the seventeenth centuries. His authority was considered final, and matters were carried so far in our College of Physicians that in 1559 Dr. Greynes was refused admission to the Fellowship because he disputed the infallibility of Galen, and it was only after publicly recanting his error that he was elected, and Dr. Hook was not admitted to the examination for the Licentiateship because he had the honesty to say that he had not read Galen.

Before the time of Harvey, Vesalius had conclusively shown that Galen's anatomy was frequently in fault. In 1543 his great work, *De humani corporis Fabricatione*, published at Basle, and its magnificent plates and precise descriptions placed the true facts of human anatomy before the world. It is true that many details remained to be filled in, but to Vesalius is due the merit of convincing the medical mind that Galen could err. What Vesalius did for anatomy it was left for Harvey to do for physiology. Servetus, Columbus, and Cæsalpinus had apparently independently arrived at some idea of the course of the lesser circulation, through the lungs; but of the systemic circulation, and of the action of the heart as a muscular pump, the cause of the pulse and of the circulation, they had no more knowledge than Aristotle or Galen. The pulse was thought to be due to a bellows-like action of the walls of the vessels. The heart was the source of heat, the lungs for keeping the heat emitted by the heart within due bounds. "The brain," says Aristotle, "tempers the heat and seething of the heart." "Man," says he, "has the largest brain of all animals in proportion to his size, because the region of the heart and lungs is hotter and richer in blood in him than in any other animal." Galen, however, Aristotleian though he was, dissented from this view of the function of the brain, and ascribed to it and to the nerves almost their true functions. It would weary you were I to go through the other organs of the body and describe the fanciful functions that Aristotle places on them in his work on the *Causes of the Parts of Animals*, for such is the full and correct title of his treatise usually known as *On the Parts of Animals*.

Those of you who would like to obtain a knowledge of the current physiological doctrines in Harvey's time among the educated classes who were not of the medical profession may gain a fair idea by turning to the *Purple Island* of Phineas Fletcher; whilst for an opinion of those of his professional brethren who opposed his views we have an amusing instance in the treatise of Edward May, 1639, addressed to Sir Theodore Mayherne, on the occurrence of a strange monster or serpent found in the left ventricle of a young gentleman, twenty-one years of age, named John Pennant, a nephew of Sir Francis Herris, Knt. This strange monster or serpent was a clot which had taken the shape of a cast of the pulmonary artery and its main branches, for I think there can be no doubt that what Dr. May calls the left ventricle was really the right. It is not for the main treatise that I mention May's work, but for a note he has in it obviously directed against Harvey, in which he says: "Those men may be questioned who say that the pulse is nothing else but the impulse of the blood into the arteries or the systole of the heart. . . . The pulse is a farre other thing than most men conceive, for there are in a sound man 4450 pulses in an houre, in a sick man sometimes in some percute fevers and diseases above 35,600 and more (that would be 593 per minute), which cannot be from so many several expressions and receptions of blood, for it is impossible the heart should make compression and the arteryes assertion so often in that space. Nay, in dicrot. caprizant and other inordinate pulses, diverse pulses strike in lesse space than the open mouth of an artery can goe, much more then in lesse time than it can open, shut, and open again, which three acts are requisite for the beginning of another pulse (*Somer's Tract*, series 2, vol. ii, p. 426). Now to judge from the treatise, Dr. May was not an ignorant man, and in his remarks on the necessity and advisability of post-mortem examinations wrote excellent sense. Harvey's immortal discovery was accepted very generally in his lifetime, but we must remember that he never saw the capillary circulation. In his letter to the learned Schlegel, of Hamburgh, dated 1651, four years before his death, he says, "I confess, nay I even pointedly assert, that I have never found any visible anastomosis between arteries and veins—anastomosis in the way the word is usually understood and as the meaning has come down to me from Galen, viz. a direct conjunction between the orifices of the visible arteries and veins," and goes on to explain how he imagines that the connection takes place. It was not until four years after his death that Malpighi, by the aid of his improved microscope, demonstrated the actual circulation through the capillaries in the mesentery and bladder of a frog.

In reading the works of Harvey, one naturally asks oneself in what did that great man differ from others that he should have rightly interpreted what others had had before their eyes and yet missed seeing, and at times one is inclined to take Dr. William Hunter's view "that Providence meant to remove it for him, and would not let men see what was before them, nor understand what they read,"—so simple a step did Dr. Hunter appear to think was the discovery of the circulation of the blood after Fabricius had demonstrated the existence of the valves in the veins. It appears to me that Hunter's words express the truth, but in a very different way from that in which he used them. It is because men cannot see what is before them that advances in any definite direction come so slowly. It is the privilege of genius to see what others equally painstaking and equally learned overlook. In reading Harvey's writings, two things strike one; firstly, the acuteness and universality of his observation, and secondly, the simplicity but at the same time the convincing nature of his experiments. It was these means which not only enabled Harvey to make his immortal discovery, but to still further benefit mankind by showing them how to observe and how to interrogate nature by way of experiment. The saying of Fontanelle, "the art of observation is not the foundation of science, it is a science itself," contains a great truth, and one which we should here all keep constantly in mind.

One of our first duties here is to learn to observe, divesting ourselves of all preconceived views, deductions and interpretations of our own forming, since they may be false and are most probably defective. One of our difficulties in the clinical observation of disease is that our conclusions frequently appear to contradict themselves; this arises sometimes from carelessness or incompleteness of observation, but not infrequently is due to the tendency which we all have to confound two things which are distinct, the actual phenomena we have observed, and on the other hand, the impression our observation of them has made on our minds. The physician and surgeon at the bedside are at a disadvantage to the inquirer into chemical and physical phenomena, for from the nature of the problem before them they can only make an incomplete examination. The sick or injured patient cannot be exhaustively examined in the manner in which a substance in a test-tube can be treated, and the complexity of the conditions of all but the simplest living organisms add yet further difficulties. The application of mechanical aids such as the thermometer, the sphygmograph, the stethoscope, and the ophthalmo-

scope have increased enormously our powers of forming more correct diagnoses, and have thus led to increased success in treating disease. How easy it is in the application of remedies to be misled by our preconceived views is patent to us all, yet how frequently we fall into this error. We are all too apt to regard any favourable changes which may take place in the state of our patients, to the means we have employed, whilst any unfavourable results we unhesitatingly ascribe to the malignity of the disease. Do not misunderstand me and imagine that mere barren observation is all that is required in our profession—far from it; without theory, little or no progress towards general principles can be made, and I dissent entirely from the old adage, *Medicina tota in observatione*. We must so examine and observe the phenomena presented to us, that we may recognise the relationship which they bear to one another and to the general condition of our patients. The more exact our knowledge of physiology, the better shall we be able to carry this out, for until we know the normal functions of the various organs, it is impossible to form any reasonable conception of the conditions which may arise when they are in an abnormal state.

Experimentation may be considered as a part of observation, for without faculties properly trained, experiments are useless for obtaining any trustworthy results from them; it is essential that they should be properly devised and conducted. Experimentation is, according to Bacon, a *Vexatio naturæ*, a questioning of nature, and the answers she returns us are in accordance with the directness of the questions. Harvey was not the first to interrogate nature in this way; Galen experimented, and showed among other things the errors of Erasistratus who maintained that the arteries did not contain blood (curiously enough Erasistratus' erroneous statement got to be more generally accepted than Galen's refutation of it), but Harvey was superior to all his predecessors in the conception of his experiments. What could be a more convincing proof of the truth of the circulation than the experiment he begs Riolanus to try?

To lay open the thorax of a living animal and tie the vena cava near the heart, so that nothing can pass from that vessel into its cavities, then to divide the carotid arteries on both sides, leaving the jugular veins untouched; if the arteries be now perceived to become empty, but not the veins, I think, says Harvey, it will be manifest that the blood does nowhere pass from the arteries to the veins except through the ventricles of the heart (*First Disquisition to Riolanus*).

Or again, that which he proposes to Schlegel for demonstrating the incorrectness of Riolanus' statement that the blood passed from the right to the left ventricle through the septum.

To open the thorax of a recently executed criminal, tie the pulmonary artery and open the left ventricle, then inject water into the right auricle, which together with the right ventricle become distended, nothing escaping from the left ventricle.

What could be simpler than his demonstration that arterial blood was not a frothy mixture "of blood and spirits, effervescing and swelling, and occupying a greater space (than venous), like milk or honey set upon the fire,"—to fill two basins of equal size with blood drawn from the veins and arteries of the same animal at the same time, and then set them aside to cool, and see if when cool after the escape of the fiery spirits the arterial blood occupied less space than the venous.

Every practitioner of medicine or surgery is an experimentalist; although we are careful not to give the name of experiment to our actions, yet in fact we never administer a dose of medicine or make use of any form of medical or surgical treatment twice under exactly the same circumstances, and consequently cannot predict with absolute certainty the results. It is by the right observation of the results of these experiments that we gain experience, and he will be the most successful practitioner who is most alive to the ever varying conditions present in even the commonest and simplest forms of disease. It is thus empirically that we have obtained most of the therapeutic knowledge we possess, for in this direction we have received much less assistance from physiology than we have in the diagnosis of abnormal conditions. This is natural enough, for no amount of experimentation on healthy animals would have taught us that salicylic acid would relieve the pains of rheumatism, or iodide of potassium those of late syphilis, or that a calomel purge would relieve an overfed alderman. We turn to the pharmacologist and physiologist for aid in explaining how these results come about, and for the connection between the action of drugs and the results, in the hope that by this means we may be placed in a position to try other experiments on a reasonable and hopeful basis.

The progress of physiology during recent years is marvellous; whole fields of research into the action, beneficial and the contrary, of micro-organisms, the effect of animal ferments, and the discovery of hitherto unsuspected secretions, which apparently play a most important part in the animal economy, lie before us. It is but a few years since (1874) from clinical observation Sir Wm. Gull drew attention to the group of symptoms which we call cretinism and myxœdema; four years later Dr. Ord, again from clinical observation, recognised the connection between these symptoms and disease of the thyroid gland. The clue thus given is being worked out by physiologists in connection with other glands, and we already know that the ductless glands, such as the thyroid, the supra-renal capsules and the pituitary body, take a much larger share in maintaining the normal condition of the body than was suspected. And it appears probable that other glands, such as the liver and kidneys, besides the secretion which they pour forth through their ducts, elaborate other products which are of great, if not equal importance to the well-being of the animal.

The brilliant therapeutic effects which follow the administration of the thyroid secretion in cretinism and myxœdema make us hopeful that similar results may follow greater knowledge of these unsuspected functions of glands and that we may in time be enabled to treat with success morbid conditions like leucocythæmia, Addison's disease, diabetes, and other diseases which have hitherto baffled our efforts. The knowledge we are beginning to possess of the connection between micro-organisms and communicable diseases is the greatest advance that has ever been made in medical science, and an enormous field for observation and experiment is open to us. Already, owing to the genius of Pasteur, whose recent death the whole world of science deplores, and the devoted labours of his followers, we are enabled to take these minute foes into our service and compel them to furnish us with weapons with which we may fight and conquer their own innumerable legions. It is too soon to venture on any positive assertions as to value of the antitoxic treatment of disease, but from what many of us have seen in our hospital, one can hardly doubt its efficacy in diphtheria. The immunity conferred by inoculation with attenuated virus in smallpox, anthrax, fowl cholera, and swine fever has stood the test of years, and of thousands of experiments, and is now firmly established, while the names of Jenner and Pasteur will remain for ever famous.

Genius like that of Harvey and Pasteur is not bestowed on ordinary men, but we can nevertheless follow their example and work steadily and patiently, pursuing the secrets of nature in the hope that we may assist, however feebly, in the furtherance of knowledge and the relief of suffering.

Notes on a Case of Caisson Disease.

By W. H. MAIDLOW, M.D., F.R.C.S.

ONE *variety* of caisson (*i.e.* a chamber containing compressed air, and used in diving) disease is diver's paralysis. I thought a few notes might be interesting concerning this disease. In the September number of the JOURNAL Dr. Hepburn contributed a very interesting and able article on "So-called Mountain Sickness," in which are compared the diseases caisson, mountain, and aëronautic. He comes, and I think soundly, to the conclusion that aëronautic and mountain sicknesses differ in that the results of the former are due mainly to rapidly diminished atmospheric pressure, in the second to "deficiency of oxygen per unit volume." It will be obvious presently that caisson disease has no connection with the latter, but that there is considerable connection between the troubles of those who see the monsters of the deep and of those who visit the fowls of the air.

In diving there is the descent and the return; which of these is *directly* fateful? In the depths the diver in his apparatus has to bear an increased pressure of many pounds per square inch; ascending there is a corresponding diminution. A diver with paraplegia, whose notes I have, throws some light on these points. He is aged thirty-seven, a powerful man, six feet five inches, weighing seventeen stone, and very intelligent. (He attributes his undoubted improvement to rest in bed as much as to massage, &c.) He has a past of alcohol, but not of syphilis. Eight months ago he went down off Florida 162 feet to explore a wreck. At this depth he estimates the pressure in his caisson at 82 lbs. per square inch. Whilst groping his "air arrangements" went wrong, and being in imminent asphyxia he was rapidly hauled up. When his helmet was removed he had severe epistaxis and bleeding from the ears, tinnitus aurium, and complete loss of power in both legs, with pricking sensations in feet. Since then there has been gradual improvement. There has never been micturition or defæcation difficulty. On admission he was on the verge of delirium

tremens, gait spastic, paresis (with no marked wasting) of both legs, increased knee-jerks, no clonus, no anæsthesia, but some impaired sensation on the inner side of each leg, and the ground feels "a long way off." No R. D. Sphincters normal. Eyes *nil*. Some pulmonary emphysema. No albuminuria. No œdema of legs. He is not deaf. He states that 162 feet (26⅔ fathoms) is a very great depth; the pressure would be about 82 lbs. per square inch, that in these depths divers are quite deaf, but have no tinnitus, and a sense of constriction about the forehead, and have incontinence of urine and fæces. He knows the disease well, thinks cases of death *below* are mainly incidental, such as syncope, asphyxia from accident, apoplexy, or death from epilepsy, alcoholism, &c. He describes coma, hemiplegia, paraplegia, convulsions, and aphasia. Thinks most cases occur when the ascent is too rapid, and the patient alcoholic. Epistaxis and hæmorrhoidal bleeding on coming up and on other occasions are common and salutary, and are certainly relieving.

Now as regards some pathological points. 1. In the descent and in the depths we have the following possibilities:—(i) Mere increased atmospheric pressure. (ii) Increased O pressure in the blood. (iii) Increased N pressure. (iv) Increased CO_2 absorption. We know as a matter of fact the symptoms do not appear in the depths, but that they are subsequent to a too rapid or a normal ascent, and see no reason, moreover, why any of these possible factors should cause the symptoms; but it is possible their *effects* might *secondarily*, just as *b*, which cannot exist apart from *a*, is the cause of *c*.

(i) Mere atmospheric pressure would not cause paralysis. Inability of divers to live beyond 170 or 190 feet I should suppose is due to inability to expire; as a result of this there would occur acute emphysema, or arterial obstruction resulting in pulmonary regurgitation, then general congestion and asphyxia, like an acute uncompensated valvular disease, so to speak. At any rate, the fact of death beyond this depth remains. Sudden liberation of pressure would cause bleeding, and if spinal hæmorrhage, therefore paraplegia.

(ii) As regards increased O pressure in the blood, according to Landois "the blood only gives off copiously its O when atmospheric pressure is lowered to 20 mm. Hg., and conversely the blood only takes up a little more O when pressure is increased to six atmospheres" (our man's was not six, viz. 82 lbs. per square inch). The condition of +O in the blood and $-CO_2$ causes the symptoms of apnœa (to use the old term), which is not caisson disease.

(iii) Increased nitrogen. N absorption, for anything I know to the contrary, is possible. One of the theories of the disease depends on it, *i. e. a* (+N absorption) produces *b* (*i. e.* liberation of N on coming to the surface), which produces *c* (*i. e.* caisson disease—*vide supra*).

(iv) Increased CO_2 absorption also seems possible, but the symptoms would be those of asphyxia. Caisson disease is not asphyxia.

From these possible factors we may deduce two theories to account for the symptoms:

1. Sudden relief of pressure in the case of vessels would lead to their rupture, and then results according to the functions disturbed, just as a hæmatocele may occur after tapping a hydrocele, or a cyst fill with blood after aspiration, as I have seen in a hydatid cyst.

2. Sudden liberation of bubbles of N, or possibly O or CO_2, with or without rupture of the vessel walls, might act in a similar way by compression or laceration. But in each case *a* (*i. e.* + atmospheric pressure, NO or CO_2 absorption) is not the cause of *c* (caisson disease) directly, but only by producing *b* (*i. e.* hæmorrhage or liberation of gas); *a* occurs descending and below, *b* and *c* ascending and above.

For this reasoning one may obtain verification by (*a*) the symptoms, (*b*) by autopsies, (*c*) from an analogous case.

(*a*) The symptoms are manifold: those which recover have often paraplegia and locomotor ataxia, whilst bleeding externally is very common. The exactitude of the results, the seen hæmorrhage, and the onset point to bleeding. It seems improbable escape of gas would cause such exact results. The lesion in the case quoted would appear to be a hæmorrhage or hæmorrhages into the membranes on the anterior aspect of the cord in the lumbar region, except that the absence of R. D. and wasting is anomalous. Fissures and laceration should give symptoms like syringomyelia.

(*b*) There are three autopsies to help, which bear out either view, and form the *experimentum crucis* of our ratiocination.

Leyden (quoted in *Lancet* of May 6th, 1893) found hæmorrhage in the cord and acute myelitis on the tenth day from onset.

Schultze (loc. cit.), disseminated myelitis in dorsal region and fissures throughout, as if laceration had occurred.

Theodore Williams (? origin of quotation) found in a case with ataxic symptoms hæmorrhage between dura mater and arachnoid.

(*c*) Dr. Hepburn does not directly describe aëronautic sickness, but if they ever have the same symptoms as divers the analogy will help to verify the above hypothesis. If they have not yet been found we can deduce the symptoms and pathology for the disease from some of the above arguments, just as the presence of one of the major planets was correctly deduced. In other hands than mine, observation, induction, hypothesis, and verification would have been better demonstrated. *Felix qui potuit rerum cognascere causas*, sings Virgil; happy also is the man, say I, who has kind critics.

Two Uncommon Causes of Skin Irritation.

By W. T. FREEMAN, F.R.C.S.

I HAVE noticed in no work upon skin diseases that I have consulted any mention of the irritative dermatitis caused by the bulb parasite *Rhizoglyphus echinopus*, nor of the urticarial eruption caused by touching the leaves or stalks of the *Primula obconica*. I was speaking a short time ago to a member of the staff at Blackfriars (Dr. Abraham), and he had heard nothing previously of the doings of the parasite, and I think he said he had not seen a case of the primula nettle-rash.

Inside the sheathings of imported hyacinth bulbs is a quantity of dust, and this dust is simply a living parasitic mass. The individual parasites are *just* visible to the naked eye,—a shade larger, therefore, than specimens of the *Acarus scabiei*. The bulb parasite and the *Acarus scabiei* are very comparable under the microscope, but the hooklets of the former are of the single crab-claw form, and there are none of the half-moon hooklets which are the ordinary claw representatives of the itch insect.

The clinical results of their doings are different, for while the *Acarus scabiei* finds the inside epidermal coverings most suitable permanent soil, the bulb parasite, on the other hand, finds the human soil uncongenial for permanent habitation. Nevertheless the workers amongst the hyacinth bulbs suffer much from skin irritation, but a few days' rest from the work, with some soothing application, stays it for good and all. I have never heard of sulphur ointment being used for the cure. The workers are in the habit (this season anyhow) of rubbing themselves with camphor. The irritation is found upon the hands, arms, and face; it does not, as far as I have seen, run on to pustulation, nor even to the stage of a weeping eczema. One man described his hands as chapped, and the description answers; another had vesicles from which a watery fluid exuded when they were pricked. These vesicles are evidently burrows, but if the female lays her eggs within the burrows she evidently soon dies, and no maturation takes place. The preventive remedy should be, I think, a mild sulphur application (or similar parasiticide) upon the exposed surfaces of the body. I have purposely avoided mentioning again the Greek-Latin name of this creature; the language of it is too frightful for modest folk.

About the nettle-rash produced by contact with the leaves or stalks of the *Primula obconica;* I have seen one case, and the lady has kindly re-demonstrated to me, within the last two or three days, the effect upon herself of contact with the plant. The wheals appear within a minute or two of the application, and irritation commences before the wheals appear; both irritation and wheals extend considerably beyond the points originally in contact. It is an idiosyncrasy. Few people are affected by the contact, and no other variety of primula possesses similar powers. By the way, the *P. obconica* is one of the original types of the plant. One other point: a weak plant has almost lost its power; it is most powerful when growing lustily and blooming.

Two Obstetric Cases of Interest.

By CHARLES COLES, M.D., D.P.H.Lond.

CASE I. *Triplets.*—I was called on January 13th to see a woman æt. 35, the wife of a shoe hand. She had had eight children, seven of whom were alive, all being girls. She was within three weeks of full term as far as she could judge. A midwife was in attendance. A child had been born breech first two hours before, and the pains were fairly strong, but the second child had made no progress.

On examination the presenting part was high up; it was made out to be the breech, tilted to the left too much to properly engage in the

pelvis. This was easily remedied with the finger, and the child was quickly born without further assistance. The uterus still remained large, and another bag of membranes presented. These were ruptured and a leg pulled down, the rest of the body following in a natural manner. The placental mass was expressed in the usual way. The uterus, though formerly contracted, remained very large, so that I passed my finger in but found nothing left behind, and after keeping the hand on it for a longer time than usual and giving ergot I thought all was safe.

There were two placentæ; one, the larger, had two cords attached, —one centrally, while the other showed an "insertio velamentosa." There was a separate amnion for each child, but only one chorion judging from the thinness of the septum. The second placenta and membranes were natural. The babies, all girls, were apparently at full term, though they were small; they all died at the end of the second week. The mother did quite well.

CASE 2. *Inversion of the Uterus.*—This case, from the late period at which it came under observation, is more interesting from a medico-legal than from a clinical point of view.

On February 4th I was sent for to see a woman who had been confined the day previously, and who was thought to be dying.

I received the following history afterwards from the midwife in attendance at the confinement.

The child had been born twenty-four hours ago; head presentation, nothing unusual with the cord. The midwife then washed the baby, and having done that turned her attention to the afterbirth. She found it very tight, but got it away. She examined it, and was certain that it was all there.

The patient was thought to be satisfactory, and the midwife left. During the night the patient had considerable pain, and made frequent unsuccessful attempts to pass water. There was some hæmorrhage. When the midwife came the next day she assisted the patient out of bed to pass water, when something came down, and the patient fainted. She was put back to bed, and I was sent for. I first examined the patient locally, and found a blue congested globular swelling of about half the size of a child's head outside the vulva. A large piece of membrane and some pieces of placenta were adhering to it. Passing the hand along the surface of the tumour, it was found to be continuous with the vaginal wall, which was itself partly outside the vulva. Bimanually the absence of the fundus was easily made out. The diagnosis was very readily made, although I had not seen a case before.

On turning my attention to the woman, I found her dying. The pulse at the wrist was imperceptible, and the respirations gasping.

I sent for Mr. Richard West, who lived near, but the woman died soon after, before he arrived. In the meantime I examined the uterus again, with the view of reducing it if that were easy; but as the inversion was complete, and the cervix rather contracted, I merely replaced the fundus within the vulva.

The post-mortem only confirmed the above details.

At the inquest I was asked the following questions:—(1) What, in my opinion, was the cause of the inversion? (2) Could inversion occur spontaneously? (3) Would it occur in a properly managed labour? for instance, could it be caused by expression? (4) Ought it not to have been detected at the time? I of course could only reply to these questions by giving the text-book versions which I had looked up. In the case of the first question I gave it as my opinion that in this case the inversion had been caused by pulling on the placenta. There was evidence of an abnormal adhesion of the placenta, and I believe that midwives always remove the afterbirth by pulling.

It would be instructive to hear these questions answered by any readers with personal experience of this abnormality, and especially by the teachers of obstetrics at the hospital, if only for the reason that there should be some uniformity in the medical evidence given on such an occasion as this.

What are the X Rays?

By T. GUTHRIE BLANDFORD, B.A.CANTAB., M.R.C.S.

SOME two months or so ago we were passing through a series of crises, not in the political world alone, but also in the scientific. Hitherto the idea of seeing the contents of a completely closed wooden box had been a dream of mathematicians alone. To the mathematician it was an affair of the mysterious x^4 – the plane of the fourth dimension. To the Mahatma it is, as Kipling says, "quite another story." The announcement that Professor Röntgen had succeeded in photographing the bones of the living hand created a profound sensation, more especially amongst medical men; for it was at once realised that possibly here was the foundation of an entirely original system of clinical diagnosis. Whether this new advance in physics will result in a corresponding advance in operative surgery, or whether its practical application will be more limited than was at first sight supposed, is at present *sub judice*. I had the privilege of being present at the meeting of the Camera Club some two months ago, when Mr. Swinton showed the first photograph taken in England by these new rays. On reading up the various articles, reports, &c., dealing with these experiments, I was much puzzled, and I dare say some of my readers may also have been, by sentences such as the following:—"Prof. X. Y. Z., by taking advantage of the Hertzian waves emitted by the cathode of a Crookes' tube, succeeded in photographing the bones of the human hand."

Now Hertz waves I know, because I repeated some of Professor Lodge's experiments with them, but I did not know they had anything to do with vacuum tubes. Cathode rays I had heard of; Crookes' tubes I had always dimly associated with high vacua and radiometer vanes, which revolved under the bombardment of freely moving molecules. In the first place, what is a Crookes' tube? On turning up a catalogue I find some fifty varieties described. One contains rubies, one can only be used once, and, as it is decidedly expensive, and the result is negatives if successful, does not appear to me to be the one used by Prof. R. Yet another contains a diamond, but the purchaser is warned that he must find his own diamond. How the diamond is to be introduced into an hermetically sealed high-vacuum tube is still a mystery to me. A most successful and interesting demonstration by Mr. Campbell Swinton at the enterprising Camera Club's rooms last month has cleared away many difficulties. Much, therefore, of this paper is really due to Mr. Swinton's able exposition. If we take a glass tube about 6 inches long, and having sealed a platinum wire at each end, proceed to pass a current of high tension from an ordinary coil giving a 2-inch spark in air, we shall find no spark will jump across the 6-inch air space. If now we gradually exhaust the air by means of one of the new Fleus's air-pumps, we find that soon a spark will jump across, and gradually, as the vacuum increases, the spark becomes broken up into a broad band of light. The tube now corresponds to a Geissler's tube. If the tube be further exhausted till a very high vacuum is obtained, the character of the discharge again alters, and the band of light is replaced by a uniform glow, the glass itself becoming phosphorescent. This is the Crookes' tube that we require. There are certain points which are essential for successful photography, which I shall have to deal with later.

Now a word as to invisible rays in general. Some people speak as if vibration of the ether explained everything. Now a cyclone, an anticyclone, a gentle breeze, a gas explosion, and a sound wave are very different, yet all are modes of motion in the same substance.

Vibrations of the ether between certain limits, varying with every individual, have the property of affecting our consciousness in a peculiar way; these we call light, but on either side of these limits, which of course are the limits of the visible spectrum, are many invisible rays, infra-red and ultra-violet. By allowing ultra-violet rays to fall on certain chemical solutions they can be transformed into visible rays. By the infra-red rays Abney has succeeded in photographing a kettle of boiling water in an absolutely dark room.

It seems to me that Röntgen's X rays cannot be ultra-violet, since ultra-violet rays do not pass through wood or paper, otherwise no photographic plate could be prevented from being at once spoilt. I see it has been suggested that the bactericidal effect of sunlight is due to these Röntgen rays: the fact that an aluminium plate protects a photographic plate perfectly from sunlight, while it is transparent to X rays, proves, I think, that X rays are not present in sunlight.

Hertz waves are waves of energy thrown off by the sudden to-and-fro discharge of a Leyden jar; these waves will in turn set up a similar oscillatory discharge in a similar jar some feet or even yards away. Many very interesting experiments have been carried out with them, and their discovery, as Lord Kelvin said, "annexed at once the whole domain of optics to electricity:" their connection with X rays, however, has not been shown.

Cathode rays are intimately connected with X rays. If we take a Crookes' tube containing a mica plate coated with sulphide of barium, and pass a high-tension current in one direction through the tube, we observe no visible discharge as in the Geissler tube, but that the barium sulphide opposite the negative or cathode pole becomes brilliantly phosphorescent,—that is, from the negative pole stream invisible rays, which possess the property of rendering certain substances luminous.

A most beautiful experiment is performed by allowing these cathode

rays to impinge upon an ebonite ball set with rubies. As soon as the current flows every ruby stands out as though brilliantly red-hot.

Lenard, a French physicist, further found that though glass was very opaque to these rays, aluminium was not; and that by inserting an aluminium window in the tube a certain amount passed outside.

Why then, it may be asked, does one distinguish between X rays and cathode rays? There is one striking difference: cathode rays can easily be shown to be deflected by a very weak magnet; X rays are not.

An extraordinary variability in the power of the same tube to emit photographically active X rays was soon noticed by many experimenters. Capital prints could be obtained by a tube, which on being used a few minutes after gave no result at all, though used under apparently identical conditions. To clear up this difficulty we must go back to our highly exhausted tube.

Let us take such a tube having the shape of a flask, with one electrode at the neck entering where the cork would be, and the other in the form of a plate, entering at the junction of the neck and spherical part. Further, before sealing and exhausting, we introduce a platinum cross, so arranged that it can, by inclining the tube, either stand upright about two inches from the flattened base of the flask, or lie out of the way on the side.

On passing the current with the cross upright, we see the glass at the base of the flask itself becoming luminous save where it is protected from the impact of the cathode rays by the cross; consequently we have a figure of a dark non-luminous cross on a luminous white background. This proves that (i) the cathode rays pass in straight lines; (ii) that the impulse of these rays or of molecules driven by them causes the glass to phosphoresce; but further, if the cross be allowed to fall flat, and the tube be again excited, a most curious thing happens: where formerly the dark non-luminous cross was is now a bright luminous image on a dark, non-phosphorescent background. The obvious conclusion is that the phosphorescence of the glass is only a temporary effect of the impact of cathode rays. The unprotected glass is soon tired out, and at the turning on of the current after the removal of the cross the formerly protected part commences to shine. Now it is found that when a tube is emitting photographically active X rays, after a time a black speck becomes apparent in the luminous patch on the glass, and that this gradually extends, and that *pari passu* with this extension the photographic effect also disappears. The analogy between these after-images and some of the retinal after-images is very striking.

It appears from these experiments that the phosphorescent patches are the source of the X rays. If we use such a current that one pole is first positive and then negative, we shall get two luminous patches; and we shall also get double shadows on the photographic plate, unless the tube has been so arranged that the two patches and the object are in one line. Hence for alternating currents the disc and ring electrodes are best, the two patches here coinciding.

Many theories have been suggested as to the ultimate nature of these rays. The most probable at present seems to be that they are longitudinal in direction. Light is due to vibrations transverse to its axis of propagation; X rays, then, are due to alternate to-and-fro impulses in the direction of the ray. In fact, they resemble sound waves, which are due to alternate condensation and expansion in the air. Hitherto they have not been refracted, hence "shadowgraphy" in distinction to ordinary photography can alone be used.

Another practical point is that opacity to these rays is very much a relative matter; and hence, as photographers will readily see, differentiation of structure is very much a matter of development and exposure.

The opacity seems to have some relation to density.

To sum up, for obtaining satisfactory photographs the following points seem essential:

i. The coil should give not less than a 1-inch spark in air.

ii. If an alternating current be used beware of double shadows.

iii. The tubes (*a*) must not be excited for more than a quarter of a minute, and should have a rest of a quarter of a minute between each excitation; (*b*) must have the highest possible vacuum; (*c*) must be of German glass—some varieties of glass are useless; (*d*) too strong a current must not be used, or the tube will be destroyed; (*e*) though Tesla currents will give a shorter exposure, yet they will ruin the tubes.

iv. Mode of exposure. Rapid plates are enclosed in light tight envelopes, the objects laid directly on the envelopes, and the tube placed about a foot above. Of course the light in the room need not be turned down.

Since writing the foregoing it has been stated that Professor Salviani has succeeded in rendering the X ray visible. This is not strictly true. It is characteristic of these rays that they do not affect the retina. What he has done is this: he has transformed the energy of the X rays into the energy of ordinary light by allowing the rays to fall upon platino-chloride of barium, which becomes luminous under their impact.

He has by this means devised a method of dispensing with photography, and Mr. Swinton has repeated his experiments. Instead of allowing the invisible shadow, if I may use the expression, to fall on a sensitive plate, it is thrown on a plate which is coated with a substance which is phosphorescent to X rays; where not protected the ground becomes luminous exactly as in the case of the cross and cathode rays. It has been stated that an ordinary paraffin lamp can be used for these experiments. I have not been able to obtain any detailed account of such experiments.

When we consider the great differences in opacity that bodies show to light and radiant heat respectively, it is perhaps not impossible that a newer development of the new photography may be awaiting us.

Notes.

IN the 2nd XI match against Tonbridge on March 7th one of our men, Mr. C. H. Turner, unhappily sustained a fracture of the tibia and fibula of the right leg. Dr. Cardell, an old Bart.'s man, whom many of us still remember well, and who is in practice at Tonbridge, was called, and very kindly superintended the treatment until the Monday following, when Mr. Turner was brought to town and warded in Abernethy. We wish him a speedy recovery.

* * *

MR. C. H. NEWINGTON has started practice at Edenbridge in Kent.

* * *

OUR defeat by St. Thomas's by two tries to *nil* in the semi-final Rugby Cup Tie on March 5th leaves the final to take place between St. Thomas's and St. George's. Thus there is a likelihood of the Cup returning once more to the Hospital that has guarded it so keenly and for so long a time. We had hoped that this year the spell would break, and especially after beating Guy's with such comparative ease, that we should at last court the cup successfully. Alas for our ambition!

* * *

OUR Association team meet St. Mary's in the final on Tuesday, March 17th. The result of the match is as yet by no means obvious. Our men must go down prepared for a hard fight, and we trust that every student "will do his duty" by attending the match and cheering lustily.

* * *

THOUGH many names have been sent in for copies of the engraving of the portrait by Ouless of the late Mr. Mark Morris, we hope still to receive many more names. The cost of production will be divided amongst the subscribers; hence the number of subscribers materially influences the individual cost.

* * *

WE notice that the surgeon to the "Harlech Castle"—the ship which brought Dr. Jameson's troopers to Plymouth—is Mr. F. G. Lloyd, an old Bart.'s man. Under his care the troopers seem to have made a healthy voyage, with the exception of the occurrence of a few cases of typhoid *en route*. Mr. Lloyd has recently received a vote of thanks from the Directors of the Chartered Company.

SURGEON-CAPTAIN F. P. MAYNARD, I.M.S., has been attached as Medical Officer and Naturalist to the Baluch-Afghan Boundary Commission under Captain McMahon, C.I.E. The work is expected to occupy three months, most of the time in the desert, and will take the Commission as far as Persia. Surgeon-Captain Maynard should meet with some interesting experiences, and we trust that at a future date we may be able to give some of them to our readers.

* * *

WE ARE LATE, but not the less hearty, in congratulating Dr. Alford Nicholls on the decoration of C.M.G. Dr. Nicholls entered at Bart.'s in 1869, took his M.R.C.S. in 1873, and graduated M.D.Aberdeen in 1875. While at Bart.'s he was one of Mr. Luther Holden's prosectors. Soon after leaving Bart.'s he acquired an extensive practice in Dominica, and, as a result of his experience, has rendered valuable service to medical literature. Mr. Froude, in *The English in the West Indies*, speaks of him as "the only man in the island of really superior attainments."

* * *

THREE TIMES since the reassembling of Parliament have questions been asked in the House of Commons concerning legislation to reform the University of London, and the reply on each occasion has been to the effect that the Government is still considering the question. On the last occasion Sir Albert Rollit was asked to repeat his question after Easter.

* * *

SIR DYCE DUCKWORTH will deliver his Lumleian Lectures at the Royal College of Physicians on March 19th, 24th, and 26th. The subject is "The Sequels of Diseases."

* * *

DR. CLEMENT GODSON has been elected Honorary President of the International Congress of Gynæcology and Obstetrics to be held at Geneva in September.

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MR. H. J. WALTON, late House Surgeon to Mr. Smith, has passed into the Indian Medical Service at the head of the list with 3186 marks, Mr. F. A. Smith is fourth with 2635 marks, Mr. J. S. Stevenson is fifth with 2610 marks, and Mr. W. G. Richards is seventh with 2518 marks.

* * *

MR. A. H. MORRIS has passed second into the Army Medical Service with 2308 marks, and Mr. Swabey is fifth with 2210 marks.

* * *

E. LAMING EVANS has taken the degrees of M.B. and B.C., and J. M. Woolley the degree of M.B., in the University of Cambridge.

"NEVER read any book that bears internal marks of being addressed more to the public than to the profession. They are all bad, and many dishonest."—PETER MERE LATHAM.

Amalgamated Clubs.

NEW MEMBERS.

J. M. E. Langton.	E. W. Alment.	J. D. C. Howden.
G. W. Bond.	W. C. F. Harland.	A. M. Ware.
H. Whitwell.	A. M. Amsler.	F. C. H. Home.
G. W. Miller.	F. G. Lloyd.	J. K. Birdseye.

RUGBY FOOTBALL CLUB.

ST. BART.'S *v.* UPPER CLAPTON.

When we played Upper Clapton at the beginning of the season we beat them by 5 tries to *nil*. However, they managed to turn the tables on us on February 1st, and beat us by 1 goal and 1 try to *nil*. Bond won the toss, and chose the Pavilion end of the ground. At first play was very even, and was confined to neutral territory, but by means of good passing and kicking, Clapton worked down into our 25, and after about 75 minutes' play, scored a try which was not converted. The game was of a scrambling nature throughout, there being an entire lack of dash. Nothing more was scored up to half-time. On resuming, Clapton had rather the better of the exchanges for a time, and scored again. The try was converted. For the rest of the game the Hospital pressed, and Robbs was nearly in on several occasions. Armstrong was hurt, and retired at half-time.

Team.—H. Bond (back); S. Mason, A. E. Hopkins, P. L. Armstrong, S. F. Smith (three-quarter backs); A. Hawkins, G. C. Marrack (half-backs); P. O. Andrew, H. M. Cruddas, J. K. S. Fleming, C. H. D. Robbs, H. C. Adams, W. M. James, H. Weeks, F. J. Wood (forwards).

ST. BART.'S *v.* R.M.C.

This match was played at Sandhurst, and resulted in a win for the Hospital by 1 goal and 1 try to 2 tries. Sandhurst kicked off against a strong wind, and play settled down well in the home 25. By means of short rushes the Hospital forwards carried the ball up to the touch line. Andrew crossed the line, but went into touch in goal. From the kick-out Sandhurst pressed, and Bond several times had to save. Hawkins brought relief with a good kick into touch. A good piece of passing, in which Mason, Robbs, and Weeks participated, transferred play to the home quarters. Hawkins, getting the ball from a scrum, feinted to pass, and managed to scramble over. Randolph's kick went wide. The ball travelled up and down at a great pace, each end in turn being visited. In the second half we had a strong wind against us. Sandhurst attacked at once, and a good piece of passing among their back division ended in a try. Andrew kicked out, and following up in good style prevented the return kick. A series of scrums now took place in neutral territory, of which the Hospital had if anything the better. Andrew headed a good forward rush into the Sandhurst 25, where some capital passing resulted in Marrack scoring. Randolph kicked the goal, the ball first striking the cross-bar. Sandhurst had slightly the better of the exchanges, and penned the Hospital in their 25 for some time. Marrack relieved with a good dribble to the centre. Gradually, however, Sandhurst worked back, and Collard kicking over the line scored a second try, but the place kick went wide. Nothing further was scored, and the game resulted in a win for the Hospital by 8 points to 6.

Team.—H. Bond (back); A. J. W. Wells, W. H. Randolph, T. M. Body, S. Mason (three-quarter backs); A. Hawkins, G. C. Marrack (half-backs); P. O. Andrew, H. M. Cruddas, J. K. S. Fleming, C. H. D. Robbs, H. C. Adams, F. J. Wood, H. Weeks, A. K. Vaughan (forwards).

INTER-HOSPITAL RUGBY CUP TIE.

ST. BART.'S *v.* GUY'S.

On Valentine's Day Bart.'s opposed Guy's in the second round of the London Hospitals' Cup Ties at Richmond. In the first round Charing Cross scratched to Bart.'s, whilst Guy's had defeated Middlesex by 1 goal (dropped) to *nil*.

Andrew kicked off for Bart.'s at 3.15 to the tune of cat-calls, horns, and various instruments of torture. Nearly 800 medicals were present, including many members of the teaching staff. The Bart.'s forwards at once forced the game, soon reaching Guy's twenty-five line, a fine forward rush ending near the goal posts. After a short check, by reason of a slight injury to a player near the line, the forwards carried the scrums, and Hawkins, following up a kick over the line, scored about midway between the posts and corner flag after seven minutes' play. Randolph added two points by his kick. From the kick-off Bennett relieved to the centre. Successive packs were formed in neutral territory until Marrack punted up near the line.

The forwards kept up the attack, but kicked behind, and Guy's touched down. At length Guy's forwards gave their rear division a chance, and from some excellent passing ending between Clarke and Alexander, the Saints were attacked in their "twenty-five." Bart.'s by alternating kicks and rushes transferred play to mid-field. A free kick against Bart.'s for offside play was smartly followed up, and shortly afterwards Wetherall started a round of passing. Clarke, Alexander, and Rae in turn gained ground, and amidst great enthusiasm the last-named ran in and scored a try near the corner flag. No goal resulted.

After this Bart.'s very noticeably fell off, and Guy's seemed to gain confidence, Mathias starting some pretty passing behind. After central play for some time Bond was called upon to save a rush, Hawkins finally relieving the strain by kicking to the centre. Play varied for some time, until from some tight scrummaging Marrack passed out to Randolph, and Mason, who finally received, kicked into touch just outside the goal line. Now followed a very exciting time on the Guy's line, the tackling being on a par with the attack, until after about five minutes' scrummaging Andrew managed to get over, Randolph again converting. Half-time arrived shortly afterwards with the score at—St. Bart.'s 2 goals, Guy's 1 try.

Bart.'s rushed down from the first after the interval. Jackson relieved once, but the game was soon being vigorously contested well in Guy's quarters, and good tackling alone prevented scoring. Suddenly, from among a crowd of players, the ball was successfully dropped at goal by Mason. From the kick-off Andrew headed a rush down the field, but Wetherall judiciously returned play to the centre. The game for some time ruled up and down, Rigby, Andrew, and Cruddas being conspicuous in attack, but Guy's were now playing a good game, Wetherall making several openings which were taken advantage of. At length weight began to tell, and play was dangerously near Guy's line. Mason once looked like scoring, but he was brought down by Alexander. But the former would not again be denied, and sprinting in fine form from near mid-field, he succeeded in tricking Jackson and Muriel, and scored a try between the posts, Alexander just failing to make up on him. Randolph again did the needful. The Bart.'s men pressed hard for the last few minutes and Bennett got over, only, however, to be recalled, and the game ended with the score – St. Bart.'s 4 goals (1 dropped) = 19 points; Guy's 1 try = 3 points.

The victory was bigger than was expected. Guy's were certainly better outside the scrum, but their forwards were lighter, and could give their outsiders few chances, although some pretty bouts of passing were brought off. Mason and Wetherall for their respective sides made the finest runs, and Randolph must be congratulated on his good place kicking.

TEAMS.

St. Bart.'s.—H. Bond (back); A. J. W. Wells, T. M. Body, W. H. Randolph, S. Mason (three-quarters); A. Hawkins, G. C. Marrack (halves); P. O. Andrew, J. C. A. Rigby, H. M. Cruddas, W. F. Bennett, J. K. S. Fleming, C. H. D. Robbs, H. C. Adams, W. M. James (forwards).

Guy's.—G. B. Muriel (back); F. L. Rae, K. B. Alexander, H. N. Clarke, F. D. S. Jackson (three-quarters); F. E. Wetherall, R. Mathias (halves); E. G. Goddard, P. A. Dykes, C. R. Nicholson, W. P. Gwynn, H. G. Rashleigh, F. G. Gibson, H. O. Bagshawe, W. Tyson (forwards).

Referee.—Mr. G. H. Harnett (Hon. Sec. Kent County F.C.).

Touch Judges.—Messrs. H. Marshall (St. Bart.'s) and P. D. Hunter (Guy's).

ST. BART.'S *v.* MARLBOROUGH NOMADS.

The return match with the Nomads was played on February 15th at Winchmore Hill. Although we were very weakly represented, owing to the Cup Tie on the previous day, yet we managed to win by 1 goal and 1 try to *nil*. The visitors pressed from the start, and should have scored on more than one occasion, but lost several good opportunities by erratic passing. Mason intercepted a pass, and running well from the halfway line scored. Simmonds missed the kick. The Nomads continued having the better of the game, and Bond had to touch down. After the interval the Hospital was seen to better advantage for some time, but fell away again towards the end. Jeaffreson made a good run, and passing to Robbs enabled the latter to score, Simmonds converting. From this period until the end the visitors made strenuous efforts to score, but the Hospital defence was too good, and the game ended as stated above.

Team.—H. Bond (back); S. Mason, A. E. Hodgkins, S. F. Smith, E. G. Simmonds (three-quarters); A. E. Jeaffreson, F. E. Everington (halves); H. M. Cruddas, J. K. S. Fleming, C. H. D. Robbs, H. C. Adams, A. L. Vaughan, J. G. Forbes, J. C. Sale, J. W. Hughes.

ST. BART.'S *v.* EAST SHEEN.

This match was played at Richmond on Wednesday, February 19th, and resulted in a defeat for the Hospital by 1 goal and 2 tries, or 9 points, to 1 goal and 1 try, or 8 points. Bennett started the game for the Hospital. Almost immediately East Sheen pressed hard, and Selwyn Biggs was nearly over, but Bond brought him down just in time. Play was gradually transferred to mid-field, and Hodgkins intercepting a pass ran in a try, which Body converted. After restarting the Hospital kept up the pressure, till Cattell and Biggs brought relief to the home side. East Sheen forwards then rushed the ball down and the Hospital were kept busy defending. From a throw in from touch, Galloway scrambled over and scored a try for East Sheen, but the place kick failed. This reverse roused the Hospital forwards, who played up harder than they had hitherto done, and from a scrum near the goal line Marrack got over. Body's kick was a failure. For the rest of the first half the Hospital pressed vigorously, but were unable to score. At half-time the score stood at 8 points to 6 in favour of Bart.'s.

In the second half the Hospital play fell off very noticeably. East Sheen pressed for a great part of the time, and scored an unconverted try. Nothing further was scored, and the game resulted as stated above.

Team.—H. Bond (back); A. J. W. Wells, A. M. Body, I. D. C. Howden, A. E. Hodgkins (three-quarters); A. Hawkins, G. C. Marrack (halves); J. C. A. Rigby, H. M. Cruddas, W. F. Bennett, J. K. S. Fleming, C. H. D. Robbs, H. C. Adams, W. M. James, H. Weeks (forwards).

ST. BART.'S *v.* R.M.A.

It will be seen from the team below that the Hospital was very weakly represented, and only played 14 men in this match at Woolwich on February 22nd. Play throughout was scrambling and uninteresting, there being an entire lack of combination and dash. The Academy kicked off against a very strong wind, and the return being mulled, play settled down in our quarters. Hawkins, however, relieved with a good kick into touch. Bennett and Marrack gained further ground by dribbling. The latter shortly afterwards dribbled over and scored a try. Body's kick went wide. On resuming the Hospital still kept up the pressure and Cruddas got over, but the try was not allowed. Half-time arrived with the score 1 try to *nil* in our favour. In the second half the game much resembled that of the first. Play ruled very even till about the last eight minutes, when the Academy pressed strongly, and managed to score an unconverted try just on the call of time. The match thus resulted in a draw of 1 try all.

Team.—S. F. Smith (back); A. J. W. Wells, T. M. Body, J. C. S. Dunn (three-quarters); A Hawkins, G. C. Marrack (halves); H. M. Cruddas, W. F. Bennett, C. H. D. Robbs, H. C. Adams, W. M. James, F. J. Wood, H. Weeks, F. G. Richards (forwards).

ST. BART.'S *v.* ROSSLYN PARK.

Played on February 29th at Richmond, and resulted in a pointless draw after a good game. Bond lost the toss and the Hospital started against a strong wind. From the first the Hospital pressed, and Hodgkins once was nearly over after some good passing among the backs. Gradually the ball was worked back to mid-field, where a series of tight scrummages took place. Cobb for Rosslyn Park made several good runs, but he was not well enough supported to get very far. Bond was called upon to save, and kicked well down into touch. Each end in turn was visited, but the defence on both sides was too good, and half-time arrived with the score sheet blank. In the second half the Hospital had if anything the best of the exchanges, and were very near scoring on more than one occasion. From a scrum on the goal line Marrack nearly scored, but was just held up on the line, and immediately afterwards the ball was dribbled over, but kicked too hard. Marrack about this period received a nasty kick on the knee, but was able to resume after a short rest. Robbs was next conspicuous with a good run, and was only pulled up by the full back on the line. Time was called shortly, and the game resulted as stated above.

Team.—H. Bond (back); A. J. W. Wells, C. Dix, A. E. Hodgkins, S. F. Smith (three-quarters); A. Hawkins, G. C. Marrack (halves); H. M. Cruddas, W. F. Bennett, J. K. S. Fleming, C. H. D. Robbs, H. C. Adams, W. M. James, J. W. Hughes, J. G. Forbes (forwards).

INTER-HOSPITAL RUGBY CUP.

SEMI-FINAL.—BART.'S *v.* ST. THOMAS'S.

Winner to play St. George's in the Final Tie. Played on March 5th at Richmond Athletic Ground.

Judging by the number of spectators present at the above match it is evidently a popular fixture; I advisedly use the word "fixture" in that we play St. Thomas's nearly every year in the Cup matches, and with invariably a similar result.

A beautiful day, a ground in good condition, a strong wind blowing lengthwise, and nearly 2000 spectators, amongst whom were many ladies and members of the rival staffs, all tended to make the game interesting, and all were equally futile of success. A more uninteresting and disgraceful exhibition of the Rugby game I have never seen between teams of such undoubted individual merit. Scrum followed scrum with remarkable precision and regularity, and as often as not ended in a hopeless muddle of forwards forming a struggling and perspiring mass on the ground. During the whole game—and the ball was as dry as a work on psychology—not a single pass was given by the Bart.'s halves to their three-quarters; while St. Thomas's, who certainly were considerably better in this respect, ought never to have allowed the ball to remain in the scrum more than was absolutely necessary. But enough of plaintive wailings, and let's to the game. The teams turned out as advertised, with the exception that with us Dix replaced Mason, and with our opponents Patch took the place of Harwood. Bart.'s won the toss and elected to play with the wind. Elliott kicking off for St. Thomas's, a series of scrums at once took place in our twenty-five, varied now by Rigby and Cruddas leading a forward rush over the halfway line, and as regularly by Elliott and Gilbert leading a similar rush back to near our goal line. This went on for fully twenty minutes, until at last Rotherham got the ball and initiated some pretty passing, ending in Dix prettily collaring Browne. Elliott then kicked, and before Bond could return he was pushed into touch close to the goal line, a score seeming imminent, but a rush by Bart's forwards relieved, and Moggeridge was downed by Hawkins beyond the halfway mark. More scrums, and then some more pretty passing by St. Thomas's outside, ending in Patch passing forward. St. Thomas's now pressed severely, and it was more luck than judgment which kept them out. However, another rush by the forwards ended in Dix picking up and kicking into touch close to St. Thomas's twenty-five, where the game fluctuated backwards and forwards, but the ball never came out of the scrum on the Bart.'s side. St. Thomas's goal line was now invaded, and five yards out had to be given; but Elliott again relieved, and a kick by Rotherham into touch at halfway was immediately followed by the whistle for half-time.

On resuming some long kicks were exchanged by the backs, and Rotherham then punted over our line, Bond touching down. Some fine passing by St. Thomas's three-quarters only failed in resulting in a try by Cruddas beautifully tackling Greg close to our line. Rigby relieved, but Rotherham here made his mark, and Gilbert had a try at goal but failed, Bond again touching down.

From the kick-out Moggeridge returned, and Bond, muffling, retrieved his character by gaining some ground with clever dodging. A high kick by Rotherham was well taken by Body, who kicked into touch near halfway. Immediately afterwards, however, some fine passing ended in Greg transferring to Rotherham on the line, the latter scoring far out, the kick at goal being a failure. From the kick-off Browne made his mark, and immediately afterwards Rotherham did ditto, a try at goal in the last case going wide.

St. Thomas's, not to be denied, maintained a high pressure, and Greg, obtaining the ball from a pass by Rotherham, ran round Bond and scored far out, the kick at goal again failing. Nothing more happened, and St. Thomas's left the field victors by 2 tries to *nil*.

To say that we were beaten at all points is no exaggeration, but at half and three-quarters we were simply demoralised. Rotherham played a grand game for them, and was a long way the best man on the field. Rigby, Cruddas, Andrew, and Adams showed up at times for us, but such flashes in the pan served only to make more apparent the generally rotten condition.

In justice to ourselves I must add that Maturin, our crack half-back, was unable to play owing to an injury to his knee; his loss was very marked and quite irreparable.

TEAMS.

St. Bart.'s.—H. Bond (back); A. J. Wells, T. M. Body, W. H. Randolph, C. Dix (three-quarters); A. Hawkins, G. C. Marrack (halves); P. O. Andrew, J. C. A. Rigby, G. Jones, H. M. Cruddas, W. F. Bennett, J. K. S. Fleming, C. H. D. Robbs, H. C. Adams, W. M. James (forwards).

St. Thomas's.—C. F. Moggeridge (back); W. F. Hanbury, A. H. Greg, E. W. Browne, C. Patch (three-quarters); A. Rotherham, R. T. Holland (halves); A. E. Elliott, L. E. Gilbert, H. Stephens, C. Dorning, A. S. Arkle, W. E. Nelson, H. C. Thorp, F. M. Bingham (forwards).

Referee.—Mr. Harnett.

Touch Judges.—Messrs. Marshall and Thorman, of St. Bart.'s and St. Thomas's respectively.

ASSOCIATION FOOTBALL CLUB.

During this month we have been on the whole fortunate, having, out of five matches played, won three, lost one, and drawn one. Two of the wins were very creditable indeed, namely, Weybridge and Ipswich, as these clubs have an excellent record for the season. The match lost was the Casuals in the London Cup, and this indeed was not surprising considering the team against us; however, the fact that we did not reverse the final decision owing to very bad luck, was the opinion of every one present at the game.

The team has been unavoidably altered during the last few matches owing to injuries, &c., and we have to thank the services of the older members of the team for the results above recorded. Fox is still as good as ever in goal, and plays excellently to his backs. Pickering is perhaps the best of the halves, though Joy played splendidly against the Casuals, and Woodbridge of the forwards. Hay does much very useful work, and if he would centre before taking it behind, as was the feature of the match at Weybridge, his play would be much improved. Waterhouse and Talbot seem to get along excellently on the right. We hear that Willett will soon be amongst us again, so that we ought to have a good look-in at the semi-final and final of the Hospital Challenge Cup.

Saturday, Feb. 1st.—ST. BARTHOLOMEW'S HOSPITAL *v.* REIGATE.

This match took place at Reigate before a large number of interested spectators. It was of more than usual interest, as Bart.'s had drawn their last game with Reigate, and were determined to try and win this one. However, after a very good and exciting game, the score was 1—1, thus again ending in a draw. The ground was in very good condition, and the weather was the best obtainable for football. Reigate kicked off downhill, and getting past Joy began to look dangerous; however, Pickering relieved, and Hay getting the ball transferred the play to the other end, putting in a centre which Woodbridge only just failed to convert. Play then became very fast, Reigate travelling down the hill at a great pace; the Bart.'s halves, however, were in great form, Joy especially intercepting most of the passes of the opposing forwards. A little later Prance obtained possession, and passing to Woodbridge, the latter shot at the Reigate custodian, who, in saving, sent the ball against one of the Bart.'s forwards, from whom it rebounded into the net. Reigate then pressed heavily, and before half-time from "hands" against Bart.'s in front of goal, scored a point from a good shot by the inside right. Score at half-time thus: 1—1.

On re-starting, Bart.'s played downhill, and had the best of the game, and Hay taking the ball down centred right into the mouth of goal, and Waterhouse, rushing the goal-keeper, put the ball neatly into the mouth of goal. To the surprise of most of the players, a feeble appeal for off-side was sustained by the referee, who adjudged the point void. After this shots were being constantly put in, and though several spirited runs were put in by the Reigate forwards and some good play by the Reigate centre half, Bliss, nothing resulted. The game ended in a draw of 1—1 as above stated. Bart.'s had perhaps rather the worst of the luck as regards the ruling of the referee.

Team.—E. H. B. Fox, goal; R. P. Brown and L. E. Whitaker, backs; A. H. Bostock, N. H. Joy, H. J. Pickering, half-backs; H. N. Marrett, R. Waterhouse, E. W. Woodbridge, C. H. G. Prance, and A. Hay, forwards.

Thursday, Feb. 6th.—ST. BARTHOLOMEW'S HOSPITAL *v.* WEYBRIDGE.

At Weybridge great interest was centred in this match, as Weybridge have been running an excellent team this year, and it says a great deal for Bart.'s that they obtained a victory by three goals to one. Weybridge kicked off, but the Hospital obtained possession, and immediately the forwards started the combination, which was a feature throughout the game. On "hands" being given in front of goal Bart.'s, by the medium of Woodbridge, put the ball into the net. A few minutes afterwards the same player got right away, and taking a shot the ball hit the crossbar, and rebounding came back to Prance, who, however, did not score. Several times Bart.'s seemed like

scoring, while only once during the first half did Weybridge look dangerous. Shortly after this Prance shot, and the ball rebounding off the goal-keeper, Waterhouse took possession, and was just about to put the ball into the net when the referee ruled him off-side. This was, of course, manifestly impossible, as the ball came straight off one of the opposing team. However, before half-time another point was scored by the Hospital, making the score stand 2—0 in Bart.'s favour.

On re-starting Weybridge began pressing, and, chiefly by means of Ward and Lobb, kept up a vigorous attack, the ball invariably, however, being well returned by the Bart.'s goal and back division. From a run down by Hay the Hospital again scored through an excellent shot by Woodbridge. After this Weybridge again began pressing, and their outside left putting in a centre, the centre forward obtained possession, and though palpably off-side put the ball into the net, Fox not attempting to stop it, thinking that the whistle had blown. This was the last point scored before time was called, thus making the score 3—1 in Bart.'s favour. For the Hospital the forwards were in excellent form in everything except shooting, which was as usual lamentably bad. The halves were, as usual, very good, Bostock playing very well in the centre.

Team.—E. H. B. Fox, goal; R. P. Brown and L. E. Whitaker, backs; A. Woollcombe, A. H. Bostock, H. J. Pickering, half-backs; H. N. Marrett, R. Waterhouse, E. W. Woodbridge, C. H. G. Prance, and A. Hay, forwards.

Linesman.—T. H. Talbot.

LONDON CUP.

Second Round.

Saturday, Feb. 8th.—ST. BARTHOLOMEW'S HOSPITAL *v.* CASUALS.

This match was played at Winchmore Hill on the Bart.'s ground before a large contingent of onlookers from the Hospital and elsewhere. The Casuals had a very strong team, but, however, opinion was very evenly divided as to the result, and though in the end the Casuals won by 2—0, the game was by no means one sided, the Hospital, if anything, having the best of it, the one fault being the inability of the forwards to shoot, the shots that were put in all just going a foot or so to the right or left of the posts.

The Casuals kicked off towards the pavilion and came down at a great pace, but were pulled up by Pickering, who passing the ball to Prance, the latter gave to Hay, who at once took the ball up, and centreing, a shot was taken by Waterhouse, which, however, went behind. Play then went on for some minutes in the centre, until Fernie, obtaining possession, ran the ball down the ground, and just managing to pass to Bryant, the latter put the ball into the net. Bart.'s then began some very determined play, and not till nearly the end of the first half did they let the Casuals get possession. Runs were constantly made by the Hospital right wing, Marrett putting in some very good centres, which, however, the inside forwards failed to do anything with. Hay also and Prance were to the fore with several good runs. Just before half-time Hilleary obtained possession for the Casuals, and taking the ball down, centred to Fernie, who passing to Bryant, the latter sent in a magnificent long shot which Fox was unable to cope with.

On changing ends Bart.'s played with the wind, which was as gusty as ever, and had considerably the best of the game till time was called. The halves and backs worked well, feeding the forwards, who time after time shot just wide of the posts, the only good shot being put in by Waterhouse, which Lawrence, however, saved. Marrett also sent in a good shot, which just shaved the outside of the post.

Bart.'s were unable to score anything, and retired defeated, after an excellently well fought and contested game, by 2 goals to none. The backs were conspicuous by their excellent working of the opposing forwards, Joy and Pickering especially doing excellent work.

CASUALS.

Team.—A. G. S. Lawrence, goal; S. L. King and W. G. Adams, backs; A. Montgomery, R. R. Barker, and C. M. Wilson, half-backs; C. F. Drake, C. O. S. Hatton, F. Fernie, F. H. Bryant, and R. L. Hilleary, forwards.

ST. BARTHOLOMEW'S.

Team.—E. H. B. Fox, goal; R. P. Brown and L. E. Whitaker, backs; A. H. Bostock, N. H. Joy, and H. J. Pickering, half-backs; H. N. Marrett, R. Waterhouse, E. W. Woodbridge, C. H. G. Prance, and A. Hay, forwards.

Referee.—Mr. H. C. Platt.

HOSPITAL CHALLENGE CUP.

Second Round.

ST. BARTHOLOMEW'S HOSPITAL *v.* CHARING CROSS HOSPITAL.

This match was played on Monday, February 17th, at Winchmore Hill, and resulted in an easy victory for Bart.'s by 6 goals to 1. The Hospital were without several of their ordinary team, Brown, Waterhouse and Talbot being absent. The ball was started at 3 o'clock punctually, and play was for the first fifteen minutes very even, as Charing Cross were playing for all they were worth; however, it soon became apparent that Bart.'s were the better team, and Prance scored the first goal by an excellent shot. Another goal was scored before half time by the same player. The score on changing ends stood 2—0 in Bart.'s favour.

On re-starting Bart.'s took the ball down, but Woodbridge sent over; however, the same player sent in an excellent shot which went easily into the net. Shortly after this three more points were obtained by Prance and Hay.

Charing Cross then made a final effort, and the outside obtaining possession, centred to a Bart.'s back, who passed back to Fox, who in clearing sent the ball against an opposing forward, from whom it was put into the net.

The score at time was in Bart.'s favour, 6—1, the latter thus qualifying for the semi-final against London Hospital.

Team.—E. H. B. Fox, goal; C. G. Watson and L. Whitaker, backs; A. H. Bostock, N. H. Joy, and H. J. Pickering, half-backs; H. N. Marrett, C. H. G. Prance, E. W. Woodbridge, J. D. Hartley, and A. Hay, forwards.

Referee.—Mr. C. W. de Lyons Pike.

Saturday, Feb. 29th.—ST. BARTHOLOMEW'S HOSPITAL *v.* IPSWICH.

This match was played at Ipswich before a very fair number of spectators considering the weather, which was very unfavourable, rain falling practically without intermission throughout the game. However, play was of a very good and fast character, and Bart.'s did very well to win 3—1 as they did. Bart.'s kicked off, but Ipswich obtained possession and brought the ball down, play, however, being relieved by Brown. Woodbridge took possession, and with Waterhouse made a good run up the field, the latter, however, sending the shot over. Play then kept in the centre of the field till Pickering passing to Hay, the latter took the ball up and centred to Woodbridge, who, after a pretty piece of dribbling, placed the ball neatly into the net.

This made Ipswich play up harder, and they several times looked dangerous, Fox having to save twice. Hay then got away, but the ball was returned to Pickering, who, taking a shot, only just missed the goal by a few inches, though he was nearly in the centre of the field. The right wing of the Hospital then did excellent work, Talbot taking the ball neatly up with Waterhouse, who passing to Woodbridge, the latter sent the ball between the posts. Half-time was then called with score 2—0 in Bart.'s favour.

On re-starting Ipswich made several good runs, which were intercepted by the Bart.'s halves, all of whom, Watson especially, were playing in grand form. Marrett then got possession and took the ball down, passing to Hay; the latter centred. However, it was returned, and Bostock, taking a long shot, scored a third point for Bart.'s. Nothing further was scored till just on the stroke of time, when from a "hands" in front of goal, Ipswich were credited with a point. The ball should have been left to go into the net, as no one had touched it. Time was called with the score 3—1 in Bart.'s favour.

The Hospital team throughout played excellently, Watson being conspicuous, the shot of Bostock being also very good.

Team.—E. H. B. Fox, goal; R. P. Brown and L. E. Whitaker, backs; A. H. Bostock, C. G. Watson, and H. J. Pickering, half-backs; T. H. Talbot, R. Waterhouse, E. W. Woodbridge, H. N. Marrett, and A. Hay, forwards.

BOXING CLUB.

The annual competition was held in the schools of St. Bartholomew the Great on Friday, February 21st. The competition was at catch weights, and there were seven entries. Mr. A. N. Weir undertook the duties of referee, and the judges were A. H. Hawkins and J. W. Hughes. A. M. Dalzell and S. R. Douglas acted as seconds, and C. S. Hawes held the watch.

FIRST SERIES.

C. G. Meade beat *C. R. S. Grimshaw.*

There was not much in it in the first round, but in the second and third Meade, who was giving away a good deal of weight, did most of the scoring, and won a tame bout with something in hand.

T. M. Body beat *Danks.*

In the first round Danks got in some good jabs with the left, but in the second and third the exchanges were heavier, and Body's weight and strength enabled him to get the award of the judges.

J. C. S. Dunn beat *G. C. Cathcart.*

Cathcart made good use of his left in the first round, but in the second and third Dunn woke up, and putting in some heavy two-handed work, had his man all but "out" on the call of time.

Baker then boxed a bye with Professor Alec Roberts.

SECOND SERIES.

Meade beat *Body.*

This was the best bout of the evening. Weight and strength were all in favour of Body, but Meade showed much the better style. The first round went to Meade, but in the second Body got in some very heavy right-handers, and there was nothing to choose between them when time was called for the third round. In this, again, matters were so even that the judges disagreed, and the referee ordered another two minutes. Here Meade scored the faster, and just gained the verdict.

Dunn beat *Baker.*

There was not much in it either way for the first round and a half, but then Dunn did much the best, and won with a good bit to spare.

FINAL.

Dunn beat *Meade.*

In the first round Meade scored very quickly, and kept out of reach of the heavy man's right. In the second things were more evenly balanced, though Dunn's weight was beginning to tell. In the third round Dunn made full use of his weight and strength, and though Meade was in much the best condition he had to do all he knew to prevent a knock-out. In a gruelling bout Meade showed great pluck and determination.

The winner showed very good form, and with more experience will make a very useful man. Of the others Meade was by far the best, and at his own weight would take a lot of beating.

The Inter-Hospital Competition will be held on March 16th, our representatives will be—

Featherweight, W. E. Graham.
Lightweight, C. G. Meade.
Middleweight, R. C. Baker.
Heavyweight, J. C. S. Dunn.

Abernethian Society.

THE Mid-Sessional Address was given on January 16th by Mr. Henry Power in lieu of Mr. Vernon, who was unable to attend. The President, Mr. J. K. Murphy, was in the Chair. The address was entitled "Medicine and Music," and was listened to by a large part of the Nursing Staff and about seventy-five members with evident appreciation.

In the course of the address Mr. Power remarked that there was no mention of music as a means of alleviating pain, of changing the current of thought or of relieving the tedium of convalescence, in any of the modern text-books. He thought that music as a factor in medical treatment might be introduced with considerable advantage. Many historical instances of the beneficial effect of music on the sick and afflicted were quoted, as also lines from the poets in praise of its soothing effect. The address was illustrated with several violin solos played by Dr. Arthur Haydon.

On January 23rd Dr. W. J. Collins read a paper on "The Pathology of Cataract;" the President, Dr. H. B. Meakin, in the Chair. A brief review of the history of the origin of the word, and of the recognition of the disease, was followed by a description of some cases of "black cataract." The pathology of this special form was discussed, and the reader suggested that possibly the pigment was formed by the cells as a consequence of decreased vitality, or that possibly the lens acted as a filter, stopping microscopical masses of pigment shed by the iris. A new classification of cataract was also suggested.

On January 30th, Mr. P. Furnivall read a paper on "Training;" the President, Mr. J. K. Murphy, in the chair. The paper opened with a definition of training and a description of training as carried out fifty years ago. Speaking of modern times, the reader eulogised the present system of training in the American schools. The physiology of the process was thoroughly gone into, and many original observations made. Special attention was drawn to the *rationale* of staying power and the training of the nervous system. The paper concluded with an interesting account of some of the reader's personal experiences in the athletic world.

On February 6th, Mr. G. V. Worthington being unable to read his paper on "The Prognosis of Tetanus," a clinical evening was held, the President, Dr. H. B. Meakin, in the chair. Cases of thrombosis of the superior vena cava, and pseudo-hypertrophic paralysis were shown by Mr. Murphy, also of paraplegia and hemiplegia in children by the same gentleman. A good discussion followed the exhibition of these last cases, especially as to the pathology. Mr. Murphy made out a very good case for "meningeal hæmorrhage" as a cause.

Two other cases were shown, one of facial hemiatrophy and one of pulmonary stenosis, and a series of microscopical specimens illustrating—1, actinomycosis and its relation to Madura foot; 2, pleural adhesions; 3, normal human female breast simulating scirrhus in appearance; and 4, cystic disease of jaw-bone.

On February 13th, Dr. Claye Shaw read a paper on "The Sexual branch of the Connate Instincts;" the President, Dr. H. B. Meakin, in the chair. He prefaced his remarks by saying that he had chosen this particular subject as being of considerable interest, and because he hoped to put it before members of the Society in what seemed to him the correct light. The differences between the psychical states of the homo-sexualist and hetero-sexualist were explained, and the position which the former held in the community defined. The treatment of those afflicted with unnatural connate and acquired instincts was a difficult question; confinement in a lunatic asylum was generally contra-indicated, and imprisonment in some cases advocated. The combination of great intellectual power and unnatural sexual instinct, noticed not uncommonly, was remarked upon and explained.

On February 20th, the President, Mr. J. K. Murphy, being in the chair, Mr. Ll. C. P. Phillips read a paper on "Head Injuries." He also showed two cases of interest, one a case of malformed external ear, and the other a case of lymphangiectasis on the right hand of a girl.

In the course of the paper the special features of cerebral concussion, compression, contusion, and irritation were referred to and illustrated by cases. The extreme difficulty of distinguishing head injuries when accompanied by drunkenness was pointed out. Much time was given to the consideration of the variations of temperature accompanying head injuries; they were certainly not due to sepsis; their probable relation to disturbance of "heat centres" was discussed.

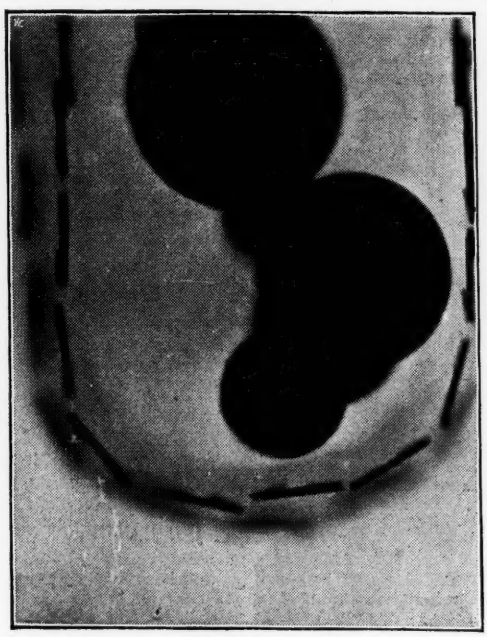
On February 27th, the President, Mr. J. K. Murphy, in the chair, Mr. E. C. Morland read a paper entitled, "An Aid to Human Anatomy; a Suggestion." The reader dealt with the study of human anatomy, more especially in its connection with the comparative branch of the subject, and thought that by means of combining the study of ordinary human anatomy with comparative anatomy it would prove more interesting to the student than it ordinarily is. "Recapitulation" in the animal world was explained, and many instances quoted of animal structures, once functionally active and suited to the animal's requirements, which now were mere memorials of the obsolete functions.

St. Bartholomew's Hospital Photographic Society.

A MEETING of the above Society was held in the Electrical Department of the Hospital on March 3rd, at 8 p.m. The President, Dr. Russell, occupied the chair. Minutes of previous meeting having been read and passed, Dr. Lewis Jones (Vice-President) proceeded to give a demonstration of *Photography by means of the Röntgen Rays.* Having pointed out the great interest which Professor Röntgen's discovery had for the Photographic Society of the Hospital, Dr. Jones said that he had been occupied chiefly in endeavouring to work out the best arrangement of apparatus for the purpose of obtaining the photographs. To obtain sharper images and to produce them in a shorter time were the two points of most importance at present. Dr. Jones then briefly demonstrated the different parts of the apparatus to be used that evening. The efficient production of the X rays seemed to require a very high electro-motive force. Those who possessed induction coils capable of giving 7 or 10-inch sparks had obtained the best results. Such coils, however, were scarce, and just now could hardly be obtained, all those in the market having been snapped up.

He purposed using a Tesla coil which gave 4-inch sparks and was a home-made article, and a vacuum-tube made according to his own

Brass lock-plate. Photo taken during demonstration. Note the shadow along one side of object, due to light not being placed immediately above it.



Purse with money; steel stitches round.

design, found serviceable by many workers in the subject, and in fact generally used by English experimenters, although it was not as generally known to have been originated by Dr. Jones himself. He had not yet had the opportunity of trying the newer patterns of tube, which were said to give better results. The Tesla coil was in its essence an induction coil excited by condenser discharges instead of by a current from a battery. The magnitude of the effects obtained was due to the suddenness of the rush of current from a discharging condenser. The advantage of the Tesla coil was the ease and cheapness of its construction; its disadvantage, that it required connection with the electrical mains to work it. This was done for the present experiments.

When the coil was in action the vacuum-tube developed a beautiful greenish-yellow luminosity or phosphorescence, which was thought to be a more or less accurate index to the amount of X rays being pro-

Hand photographed during demonstration, showing position of two foreign bodies, a French nail and a needle.

duced. Owing to the great electrical stresses set up in the lamp great heat was developed, and a continuous "exposure" should not be given for longer than fifteen or thirty seconds. So to avoid accidents fifteen seconds of rest would be alternated with fifteen seconds action throughout the exposure of ten minutes.

Dr. Jones then discussed the theories of the mode of action of the X rays upon the sensitive film. Capt. Abney's views in photographic matters were always to be received with the utmost respect and consideration, and he had expressed the opinion that the action was essentially one of phosphorescence. In support of this view it should be remembered that gelatine is well known to be a phosphorescent body, and therefore the opinion of Capt. Abney may very possibly turn out correct.

Meanwhile Dr. Jones proceeded to "expose" some objects. The first was a human hand, lent for the occasion by Mr. Waring, into which a nail and a needle were thrust. This was placed directly above a sensitised plate, enclosed in a red and a brown envelope, and covered by a piece of gutta-percha tissue. Above the hand at a distance of four inches the tube was suspended. A second object—a brass lock-plate—was simply laid upon another photographic plate, similarly wrapped up, and placed by the side of the hand. An "exposure" of ten minutes was given, and the sensitised plates were then taken to the Society's dark room and developed. Whilst this was being done a third object—a pair of nail scissors—was placed in a bag made of layers of cloth, flannel, and leather, and "exposed"

for five minutes. The three negatives thus obtained were handed round for inspection.

During the demonstration several prints of other objects, which had been previously obtained, were also submitted for inspection. A point of some importance in the management of the Tesla coil was to connect the lamp to one terminal only; by so doing a purer phosphorescence was obtained, with less incandescence of the residual gas contained in the bulb, and with much less injury to the lamp itself.

The meeting was very well attended, the large room of the Electrical Department being quite insufficient to accommodate all who sought admission. Besides Dr. Claye Shaw, Dr. T. W. Shore, and Mr. W. H. Cross, the demonstration attracted several other members of the Hospital staff.

A vote of thanks to Dr. Jones terminated the proceedings.

The Country Surgeon.

LUCKLESS is he whom hard fates urge on
To practise as a country surgeon,
To drag a heavy galling chain,
The slave of all for paltry gain;
To ride, regardless of all weather,
Through frost and snow and hail together;
Sometimes to walk when dark as pitch,
And get a tumble in a ditch;
To smile and bow when sick and tired,
Considered as a servant hired.
At every quarter of the compass
A surly patient makes a rumpus
Because he is not seen the first
(For each man thinks his case the worst).
Here lies a man with broken limb,
A lady there with nervous whim,
Who, at the acme of her fever,
Calls him a savage if he leave her.
And oft at two points diametric
Called to a business quite obstetric;
For days and nights in some lone cottage
Condemned to live on crusts and pottage,
To kick his heels and spin his brains,
Waiting, forsooth, for labour pains;
And that job over, happy he
If he squeeze out the guinea fee.
Then, worn like culprit on the wheel,
He sits him down to hasty meal.
He sits, when lo! a patient comes
With carious tooth and swollen gums.
The doctor takes the dentist's tools,
Fixes the screw, and tugs and pulls.
His dinner cold, his hands this mess in,
All for a shilling or a blessing.
Sickly and weary and distressed,
He seeks his bed, in hopes of rest.
Vain hopes; his slumbers are no more—
Loud goes the rapper at his door.
A farmer's wife at ten miles distance,
Groaning, calls out for his assistance.
Fretting and fuming in the dark,
He on the tinder strikes a spark,
And as he, yawning, heaves his breeches,
Envies his neighbour blest with riches.

Appointments.

MORTON, CHARLES A., F.R.C.S.Eng., appointed Out-patient Surgeon to the Bristol Hospital for Sick Children and Women.

* * *

COOK, H. G. G., M.D.Lond., B.S., F.R.C.S., has been appointed Honorary Assistant Surgeon to the Cardiff Infirmary.

* * *

FARRAR, REGINALD, M.D.Oxon., M.R.C.S., L.R.C.P.Lond., has been appointed Surgeon to the Stamford, Rutland, and General Infirmary, vice W. Newman, resigned.

* * *

MILES, W. ERNEST, F.R.C.S.Eng., has been appointed House Surgeon to St. Mark's Hospital for Diseases of the Rectum.

NEWMAN, WILLIAM, M.D., M.R.C.P.Lond., F.R.C.S.Eng., appointed Consulting Surgeon to the Stamford, Rutland, and General Infirmary.

* * *

EVANS, F. W., M.D., appointed Honorary Physician to the Cardiff Infirmary.

* * *

RACKHAM, A. R., L.R.C.P.Edin., M.R.C.S.Eng., appointed Medical Officer to the Mitford and Launditch Union Workhouse.

* * *

SHEARS, W., M.B.Lond.. M.R.C.S., L.R.C.P., appointed House Surgeon to the Scarborough Hospital.

In Tenebris.

THE sounds of day are hushed—the quiet square
Dark as the tomb;
Save where thy light, O moon, the shadow meets,
Piercing the gloom;
And, wearied with the labours of the day,
All are asleep.
Stay, what is that? A spectre from the grave
Of one long dead,
Who, mirrored in the fountain's silent wave,
Has left his bed
Of mouldered stone, and with unearthly wail
Doth break my rest.
Like mutt'ring thunder, dying ere 'tis born,
Again it peals;
But Luna fair, who peeps behind a cloud,
A cat reveals,
That, entertaining all its friends, forgets
The poor H. S.

K.

Cases of Special Interest.

Medical (Male).

Mark, bed 13.—Congenital heart disease, enlarged liver and spleen.
Mark, bed 19.—Aneurysm of aorta, swelling of head and neck.
Mark, bed 26.—Locomotor ataxia.
Luke, bed 7.—Mitral stenosis, embolic hemiplegia (right), aphasia.
Matthew, bed 1.—Spasmodic torticollis, secondary to middle ear disease.
Matthew, bed 8.—Disseminated sclerosis.
Matthew, bed 21.—Obstructive jaundice (cause?).
Matthew, bed 24.—Idiopathic muscular atrophy.
Rahere, bed 13.—Neuromimesis in a man.

Medical (Female).

Mary, bed 11.—Jaundice.
John, bed 20.—Sequelæ of cerebral tumour.
Faith, bed 4.—Basal meningitis.
Faith, bed 13.—Addison's disease.
Faith, bed 19.—Morphine habit.

Examinations.

PRELIMINARY SCIENTIFIC: *University of London.*—R. C. Bowden (1st Div.), F. M. Howell (2nd Div.), A. A. Meaden (2nd Div.), A. B. Brown (Chem. and Phys.), P. G. Harvey (Chem. and Phys.), H. Mills (Chem. and Phys.), T. M. Pearce (Chem. and Phys.), E. Wethered (Chem. and Phys.), H. E. G. Boyle (Biol.), E. V. Lindsey (Biol.), E. C. Mackay (Biol.), H. M. H. Melhuish (Biol.), H. W. Pank (Biol.), S. K. Roberts (Biol.), E. J. Woodwark (Biol.), E. M. Niall (Biol.).

* * *

D.P.H. CONJOINT BOARD.—The following having passed both parts have received the Diploma of Public Health:—W. J. C. Keats, L.R.C.P., M.R.C.S.; G. H. Patterson, L.R.C.P., M.R.C.S.; F. A. Spreat, L.R.C.P., M.R.C.S.

* * *

INTERMEDIATE M.B.: *University of London.*—P. J. Cammidge (2nd Div.), C. E. M. Kelly (2nd Div.), C. V. Knight (2nd Div.), H. D. Everington (excluding Physiology), H. B. Gibbins (excl.

Phys.), R. Hatfield (excl. Phys.), J. H. Rhodes (excl. Phys.), J. E. Robinson (excl. Phys.), P. W. Rowland (excl. Phys.), G. P. Taylor (excl. Phys.), F. V. O. Beit (Phys. only), W. F. Rowe (Phys. only), E. W. Woodbridge (Phys. only).

Correspondence.

To the Editor of St. Bartholomew's Hospital Journal.

SIR,—I do not think any apology is necessary from me in asking you to publish the following notes, which are perfectly genuine. I came across them in my pocket-book to-day. They were copied word for word from the dresser's notes during my house surgeonship two years ago. The punctuation is faithfully copied also. These notes illustrate well the supreme importance, I am sure, of taking the past history and the family history in *full*, even in the case of a Pott's fracture. I may say that I am sure the dresser had no grudge against any of the authorities when he wrote these notes, nor do I believe that he was "playing to the gallery."

The Case.

"C. W. aged 53 was admitted into —— Ward on 2nd Nov. under the care of Mr. ——. She is a widow for 20 years and has four children. She has a Pott's fracture of left leg.

"*History.*—The fracture occurred on 2nd Nov. and was caused by falling downstairs. It was very painful when admitted; she could not stand on her foot. Had rheumatism and swelling of joints, being treated at this hospital for it. Also been subject to fits for 10 years. Has had spots on her face for about six weeks before this accident. Fissure in bowels after child-birth, underwent operation scarlet fever when about 12.

"*Family history.*—Father had rheumatism. Mother had fits. Father also had sciatica. Eldest daughter had fits; is dead. Father and mother both consumptive. Father died of chest disease. Mother died in a fit.

"*Condition of admission.*—Rather collapsed. Appetite always bad, bowels always regular. Pain in pit of stomach. Had injury to chest about 3 weeks ago. Complains of pain in side, when she tries to rise, referable to injury of chest. Patient is suffering from Pott's fracture.

"Nov. 11th.—Rheumatism bad, not much sleep ankle bad. Appetite bad. Tongue furred. Leg pains. It is up in suspensory splint. Temp. 97·8° going down.

"17th.—The leg was dressed yesterday. Still a little painful. Patient complains of very little pain.

"24th.—The leg was put in plaister yesterday. House surgeon says it's getting on wonderfully well. Slept last night for a few hours; most sleep she has had right off. Appetite never very good. Bowels have been tolerably regular, but have not been open now for nearly 3 days. Temp. below normal. Patient does some sewing. Urine normal."

Although these notes speak for themselves, I would draw attention especially to the fact that the dresser realised during his wanderings the necessity of occasionally reminding the reader of the fact that it *was* a case of Pott's fracture, and not, as one might have thought from the numerous facts mentioned, something more abstruse. Also notice the pathos in "Temp. 97·8° *going down*"! Also notice that in spite of the fact that "the bowels are fairly regular, they have not been open for nearly three days," &c.

I may add that if any dresser now in the wards who has not had one of Mr. Berry's "blue tickets" stuck on to his notes would care for one, I cannot do better than advise him to try and emulate the gentleman who took the above note, and I know Mr. Berry well enough to say that he will assuredly get one, and he will richly deserve it.—I am, sir, yours faithfully, F.R.C.S.

To the Editor of St. Bartholomew's Hospital Journal.

DEAR SIR,—There will no doubt be in this month's JOURNAL a description of our defeat at the "hands" of Thomas's in the Rugby Cup. It is that same defeat which moved me to write to you, hoping that your excellent JOURNAL may be thus made the mouthpiece of undoubted grievances. It is now, I think, the third year in succession in which I have heard the prophetic student holding forth in the square on our extreme likelihood of annexing the Cup. I fear the prophetic student has conceived the idea of sliding into success as easily as an oyster into the maw of an alderman; but whereas the mollusc fulfils his destiny, Bart.'s seems as far off as ever from escaping defeat. And why? The day has gone by for talking about "esprit de corps"—an unfortunate expression, and redolent of after-dinner effusions. No; we have now to deal with a very different matter, and fortunately perhaps one easily expressed,—I mean "stupidity."

Over and over again have I heard men in their simplicity ask, why have we no outsides? but never have I heard anyone attempt to answer this question. The reason, and therefore the answer, are, however, apparent enough. Let us take them under four heads.

1. We have a frightful apology for a second fifteen.
2. Men out of their year naturally refuse to play for such a team.
3. We have no means of discovering new men or of inducing them to come to the Hospital.
4. Men who *can* play outside won't, because they say our matches are not good enough. Compare our fixtures with those of Thomas's, and their contention loses some of its harshness.

The second fifteen should be the training ground of the first, but "Mai aie!" is it?

The second frequently cannot raise a team at all, which is a disgrace.

A short time ago the first, in want of a three-quarter, had to utilise an antiquated forward because there are no three-quarters in the second, which is an absurd state of things.

An equally short time ago I had the pleasure of playing with the second. This is the team:

Full back: Just started Rugby, never played back before.

Three-quarters: Two never played before; one never played Rugby; one had not played for three years.

Half-backs: One had not played here since he left school, and was really a forward.

Forwards: I do not wish to be personal, but there was only one man who seemed to possess even a rudimentary idea of the game.

Result: A terrible licking.

It is perfectly idiotic to suppose that in 700 odd men this state of affairs cannot be remedied, and until it is Bart.'s will never reach the topmost rung.

We do not only fail to train men, but we ruin the football of some who come up. No wonder if the despairing right or left wing, never receiving a pass, become as careless and slovenly and slow as was so admirably shown in the game at Richmond. Some excuse there was when we had no ground, but thanks to the generosity of the staff and the exertion of the Warden that defect has been remedied. It only remains for the students themselves to see to the rest. Something radical must be done; let us do it quickly and thoroughly.—Yours sincerely, "RUGGER."

To the Editor of St. Bartholomew's Hospital Journal.

SIR,—The perusal of Dr. Lauder Brunton's interesting lecture on diabetes, which appeared in the February number of the JOURNAL, has induced me to send you the following communication.

When I read the statement that Dr. Brunton had found albumoses in his urine after swallowing "a large quantity of beef-tea made from Brand's Extract," I was reminded of a case which occurred in my practice just a year ago. In February, 1895, I was asked to see, in consultation with her own medical attendant, a lady who was the subject of chronic Bright's disease, and was recovering from an attack of bronchitis which had very much reduced her strength. Symptoms of uræmia had rapidly developed during the one or two days before I saw the case, and we found that there was a large increase in the amount of albumen in the urine since it had been examined a few days before. On making inquiries about her diet I found that the patient was taking six 3-oz. tins of Brand's Essence of Beef in twenty-four hours amongst other things, and I at once thought that this might have something to do with the increased albuminuria and uræmia. I carefully revised the diet sheet and reduced the amount of Brand's Essence to one tin per diem, with the result that the urgent symptoms quickly subsided, and there was a coincident diminution in the amount of albumen in the urine. The justifiability of my diagnosis of cause and effect in this case was rudely shaken when I read in a December number of "Food and Sanitation" an analysis of Brand's Essence which stated that it contained 91·23 per cent. of water, and only 3·79 per cent. of "albuminoids and peptone;" but the facts of the case remain, and I have thought them sufficiently interesting to place before your readers.—Yours truly, ROBERT J. COLLYNS.

DULVERTON; *February 26th*, 1896.

Reviews.

ELEMENTS OF PRACTICAL MEDICINE, by Alfred H. Carter, M.D.Lond., seventh edition (London, H. K. Lewis), price 10s.—

Having called for a seventh edition, this small text-book of medicine can require but little introduction to the public. The edition before us has been thoroughly revised, and a short section, giving a brief account of the main diseases of the skin and their treatment, has been added by Mr. Malcolm Morris. Though useful in their place as an *introduction* to the study of medicine, one cannot be forgetful of the harmfulness of books of this class when relied on for too long a time by the student. Their statements, necessarily terse, clear, and dogmatic, then tend to give the student a quite erroneous idea as to the clinical manifestations of disease. On the other hand, broad statements such as we read in the subject of this review, may be quite deep enough for, and possibly very useful to, the student during the first two or three months of his ward work.

THE TREATMENT OF PULMONARY CONSUMPTION, by Vincent Dormer Harris, M.D.Lond., F.R.C.P., and Edwin C. Beale, M.B. Camb., F.R.C.P. London: H. K. Lewis.—This excellent little book, written as it is in a truly scientific style, is another useful addition to Lewis's "Practical Series." All through the book the authors well maintain the claim they make in the preface that it is "a fairly full review, at the time of writing, of the subject of which it treats." Phthisis is unhappily so common a disease that no practitioner can go for any length of time without being called upon to advise and treat a case. In spite of this there are few diseases about which the average practitioner makes more mistakes in both respects. We sincerely commend this book to every student. The style of the book is clear, and its tone must appeal to every scientific mind. The chapters on "The History of the Treatment of Pulmonary Phthisis," "Treatment by Injections of Blood-serum of Different Animals," and the "Use of Special Drugs in the Treatment of Phthisis" are particularly interesting; while the practical nature of the chapters on dietetic treatment, including as it does not only a discussion of their relative value, but full directions for the preparation of invalid foods, makes it likely to be of great use. The use of cod-liver oil is fully dealt with, and we notice the authors' wholesome horror of the use of proprietary mixtures of unpublished composition. Prescriptions are liberally given throughout the book, and will probably be very welcome.

ASEPTIC SURGERY, by Charles Barrett Lockwood, F.R.C.S., and TRAUMATIC INFECTION, by the same author. Edinburgh and London: Young J. Pentland.—The first of these two books is a reprint of the articles which Mr. Lockwood wrote for the ST. BARTHOLOMEW'S HOSPITAL JOURNAL under the heading "Notes on Aseptic Surgery." Their republication now is in answer to repeated requests, and we have no doubt but that many will avail themselves of the opportunity of obtaining the articles in book form.

The second book is a reprint of the lectures delivered by Mr. Lockwood in 1895, as Hunterian Professor, at the Royal College of Surgeons. These have already been published in the *Lancet*, and any introduction by us would probably be superfluous.

THE DISEASES OF CHILDREN'S TEETH, THEIR PREVENTION AND TREATMENT: A MANUAL FOR MEDICAL PRACTITIONERS AND STUDENTS, by R. Denison Pedley, London, J. P. Segg and Co., 1895, 8vo, pp. 268, illustrations.—This book is ostensibly written in the interests of the medical student, but its author's ambitious educational aims in dealing rather lengthily with a portion only of the whole subject of dental surgery are likely to endanger the success of the objects he has in view.

It is to be feared that the student, already overburdened with the many subjects of a medical curriculum, will fain turn to literature of a simpler and more elementary nature for instruction in the art and practice of dentistry; such, for example, as is to be found in several of the ordinary text-books on surgery, or in selected chapters even of that generally acknowledged standard work for dental students, viz. Tomes' *Dental Surgery*.

The book consists of eight chapters; that dealing with dental irregularities, alone occupies a quarter of the whole book, and from the difficult and complicated nature of the treatment of such dental conditions even in the hands of the most experienced among dental surgeons, we have no hesitation in saying that it would have been wiser to omit it altogether. The enunciation of the leading principles underlying the general treatment in such cases would have been vastly less confusing, and a few pages would then have sufficed to have given at once some intelligible and useful ideas on the subject.

It is too much to expect the medical student to grasp the mode of manufacture, the adjustment and action of such mechanical appliances as regulating plates, screws, spring wires, and other devices for moving teeth into proper position in the mouth. He requires to have had some practical experience in the dental laboratory before he can approach the consideration of such things with anything like a clear understanding of what is aimed at or what is required.

The chapter on "Oral Hygiene" seems rather too spun out. Less prolixity might have been expected on what is after all a chapter based upon the use of the tooth-brush and a proper cleansing of the teeth.

The book concludes with a description of instruments and materials used in the permanent stopping of decayed teeth, but here again the author allows his enthusiasm to run away with him by recommending work to be undertaken which, to put it plainly, is beyond the powers of the student, who has not dressed in the dental department of his hospital, to cope with successfully.

Pathological Department of the Journal.

SPECIMENS sent by subscribers to the JOURNAL will be examined in the Pathological Laboratory and a report furnished under the supervision of Dr. Kanthack, at the following rate:

	s.	d.
Ordinary examination, Bacteriological or Pathological, such as tumour, membrane, or sputum .	2	6
Ordinary (qualitative) urine examination . . .	2	6

Any further report will be charged for at a special rate. If a mounted specimen is desired an extra charge of 1s. will be made. If a telegraphic report is required, the cost of the telegram will be charged in addition.

Specimens must be accompanied by the fee and a stamped addressed envelope, in which the report will be sent as soon as possible. Specimens, with, if possible, a short history of the case, must be addressed to "The Manager of the Journal," with "Pathological Department" written in some conspicuous place on the wrapper.

On application to E. H. Shaw, Museum Assistant, a set of bottles containing hardening fluids, and ready for sending away by post, can be obtained on remitting a postal order for 2s. 6d.

Births.

ARNOLD.—14th Feb., at 332, Oxford Road, Manchester, the wife of Francis Sorell Arnold, M.B.Oxon., of a daughter.

RAWLINSON.—On Feb. 16th, at Stuart House, Bognor, the wife of F. Juland Rawlinson, F.R.C.S., of a son.

ECCLES.—29th Feb., at Harley Street, W., the wife of W. McAdam Eccles, M.S., F.R.C.S., of a son.

PALMER.—On the 16th of Feb., at Lancaster House, Lincoln, the wife of Edwin C. Palmer, M.A., M.B.(Cantab.), of a son.

DUCKWORTH.—March 6th, at 11, Grafton Street, Piccadilly, Lady Duckworth, of a son.

NORRIS.—On March 9th, at 7, Oak Hill Road, Surbiton, the wife of F. B. Norris, M.A., M.B., B.C.(Cantab.), of a daughter.

MURDOCH.—March 11th, at The Oaks, Hythe, Kent, the wife of Alan Murdoch, M.R.C.S., L.R.C.P., prematurely of a daughter.

Marriages.

CROUCH—SMITH.—Feb. 18th, at St. Thomas's, Portman Square, by the Rev. Canon Page-Roberts, Vicar of St. Peter's, Vere Street, and the Ven. Archdeacon Smith, uncle of the bride, Charles Percival Crouch, F.R.C.S.Eng., M.B.Lond., of Weston-super-Mare, to Annie Parbury, second daughter of Thomas Smith, F.R.C.S.Eng., of Stratford Place, W.

KENNINGTON—ABREY.—On Feb. 12th, at the parish church, Tonbridge, Edgar Kennington, M.R.C.S., second son of the late James Kennington, The Hall, Walsham, to Enid, second daughter of John Abrey, Barden Park, Tonbridge.

Death.

ILOTT.—On Feb. 21st, at Beechfield, Bromley, Kent, James William Ilott, M.R.C.S., L.S.A., aged 80.

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